### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

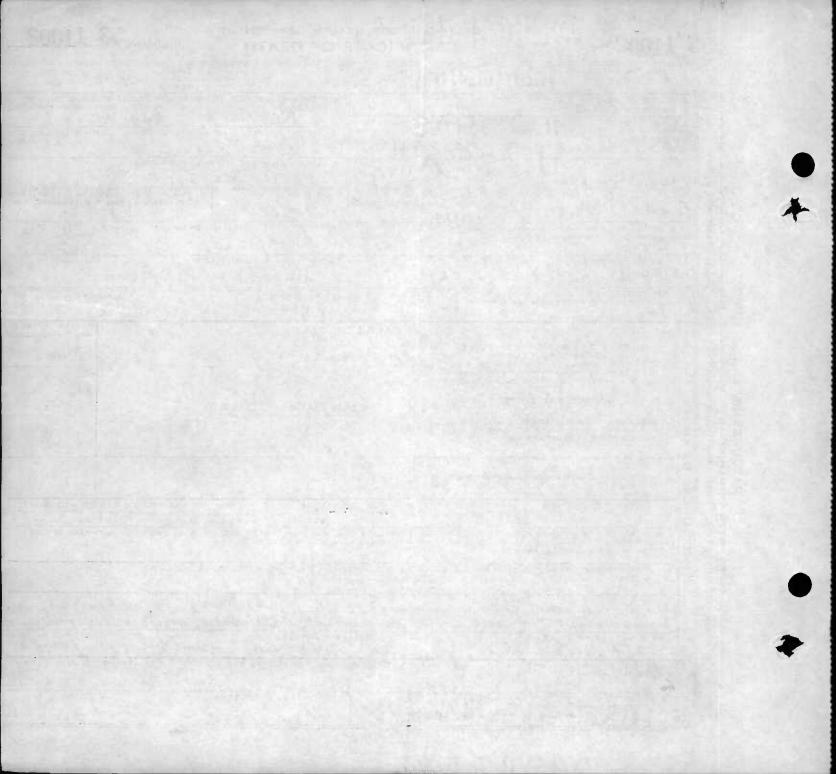
Registered No. 11001

Th	BIRTH NO.	
	1. NAME OF DECEASED (Type or Print)	2. DATE OF DEC 1 3 1953
supplied.	(Type or Print) CAPA-GOVAS-BOP	4. USUAL RESIDENCE (Where deceased lived, it matitution; residence
idn	A. Baltimore City, Maryland Marburg - 3  B. FULL NAME OF (If not in hospital or institution give street address o	A. STATE B. COUNTY before admission)
ly s	HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
eful	JOHNS HOPKINS HOSPITAL	130 gOTA
carefully legibly.	c. Length of stay in Baltimore  4 Mos. Mos. Days	D. STREET ADDRESS (If rural, give location)
be ld l	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH   9. AGE (In years) If Under I Year   If Under 24 Hours
should early an	Lemale white married	8-24-89 64
sho	OA. USUAL OCCUPATION (Givekindof work dame during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ion	13. FATHER'S NAME	14. MOVHER'S MAIDEN NAME COLOMBIA SA
NDING information should se of death clearly a	Lange Towas.	Mouarrita Borda
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  (Yes, nn n) unknown) (If yes, give war or dates nf service) SECURITY NO.	17. INFORMANT ADDRESS
BINI of in	NO - NONE.	JOHNS HOPKINS HOSPITAL
S m	18. 199.1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND CEATH
VED FOR Every item write the ca	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Live View Live
	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CO-100-100-100-100-100-100-100-100-100-10
02	ANTECEDENT CAUSES	1. 0
RESE INK.	Z (B)	softward do lunger
RE July ple	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
IN IN Ins:	ONDERLYING CONDITION LAST.	
MARGIN NFADING	THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
MARGIN I UNFADING Physicians: p	TO THE DEATH BUT NOT RELATED TO THE	
H	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH C	CAUSE OF OEATH, ENTER IN
ILY, WITH important.	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY  O OR CONTRIBUTING CAUSE OF  DEATH (NOTIFY MEDICAL EXAMINER)  21B. PLACE OF INJURY  about bnmc, farm, factory, street, office	(c. r., h or 21C. WHERE DID (If in Baltimore City, give exact location)
	OR CONTRIBUTING CAUSE OF about hnmo, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	ebldg.,etc.) INJURY OCCUR?
	210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	21F, HOW DID INJURY OCCUR?
PLAINLY,	m. WHILE AT NOT WH WORK AT WO	
9	22. I hereby certify that I attended the deceased from 8	-10 - 1953, to 12 - 13 - , 1953, that I last saw the
TE	deceased alive on 12-13-, 1953, and that death occu	urred at 3 46 Am., from the causes and on the date stated above.
WRITE e is esp	Bishard K. Oamberton M.O.	JOHNS HOPKINS HOSPITAL
日の	24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
	BURIAL DEC 15 1953 HOLYREDE	EMERIEM 4430 BELAIR RU MU
PLEA	LOCAL REGISTRAR REGISTRAR S SIGNATURE	FUNERAL DIRECTOR ADDRESS

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了4号: (Alberta 1995)

5.	BI 1.	1100253-28/68 BALTIMORE CITY HE CERTIFICATE  NAME OF DECEASED Haddaway, Debo	E OF DEATH Registered No	3 11002
VDING information should be carefully supplied. to death clearly and legibly.	3. A. B.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR VISTITUTION  University  HOSPital	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	Vun de
lld be carefu and legibly.	5.	Length of stay in Baltimore  Life Mos. Days  SEX 6.COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Single Single	301 N 51. 5. E.	nder I Year H Under 24 Hours hs: Days Hours Min.
ration shousath clearly	10 work	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  10B. FATHER'S NAME  Hadda way	11. BIRTHPLACE (State or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME  Doyo thy Me Coma	2. CITIZEN OF WHAT COUNTRY?
BIN of	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 65. ng or unknown) (If yos, give war or dates of service) SECURITY NO.		DRESS
FO ry it		DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	naturity	I mo.
ESEFINK.		ANTECEDENT CAUSES		
IN RESE ING INK. ns: please	ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	nature Labor	l mo.
MARGIN H UNFADING Physicians:	L CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	CAUSE OF DEATH, ENTER IN	20. AUTOPSY?
MARGIN WITH UNFADING ortant. Physicians:	ERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OP	e.g., in or Didg., etc.)  CAUSE OF DEATH. ENTER IN PART I OR PART II  e.g., in or DID (If in Baltimore City, g: Didg., etc.)	20. AUTOPSY? YES NO
MARGIN PLAINLY, WITH UNFADING occially important. Physicians:	EDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the deceased from Deceased alive on Deceins	c. 11  C.	20. AUTOPSY? YES NO Dive exact location)  that I last saw the date stated above.
MARGIN PLAINLY, WITH UNFADING ecially important. Physicians:	MEDICAL CERTIFICA	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21B. PLACE OF INJURY (about home, farm, factory, atreat, office) about home, farm, factory, atreat, office) WHILE AT WORK  22. I hereby certify that I attended the deceased from Deceased alive on Deceased.  1953, and that death occur	C. 11  1953 to Dec. 14, 1953, rred at 46 A.m., from the causes and on the Cause April 240 Location (City, town, or CREMATORY)  EXECUTED 1953 to Dec. 14, 1953, rred at 46 A.m., from the causes and on the Cause and on the Cause April 240 Location (City, town, or CREMATORY)  EXAMPLE 1953 to Dec. 14, 1953, rred at 46 A.m., from the causes and on the Cause A.m., from t	20. AUTOPSY? YES NO Dive exact location)  that I last saw the

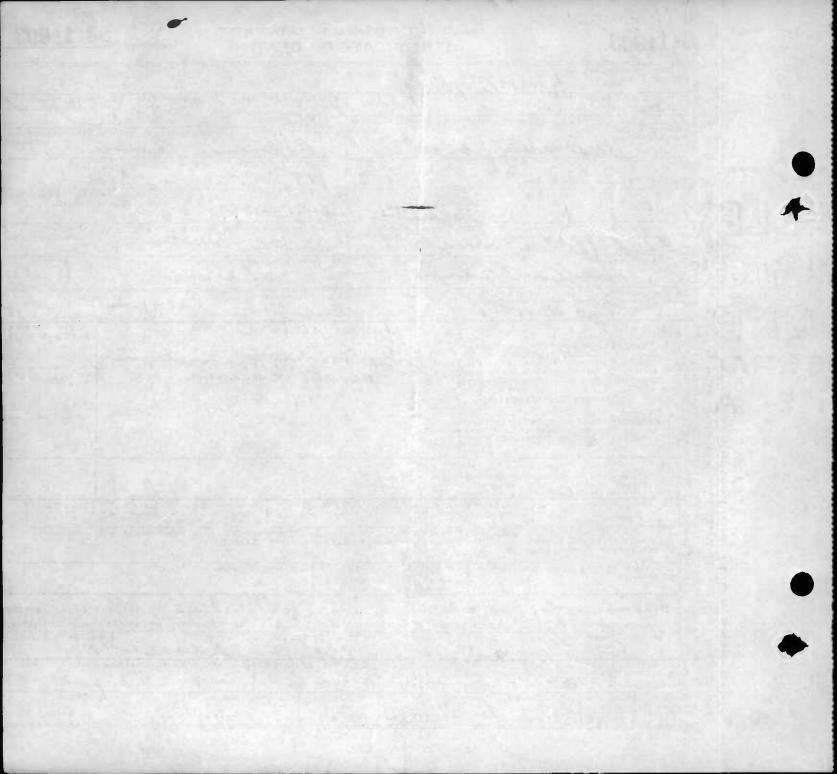


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township) (If rural, give location) lun ASE (In years | H Under I Year | H Under 24 Hours | Months Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSYT CAUSE OF DEATH, ENTER IN 21c. WHERE DID (If In Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 1955 that I last saw the .m., from the causes and on the date stated above. 23c. DATE SIGNED 16d. 13 413 ADDRESS Ormele

before admission)



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# BALTIMORE CITY HEALTH DEPARTMENT

Registered	53	11004
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1. (T	NAME OF D		rles N	ichols			2. DATE OF DEATHDEC.	13. 195	3
3. A.	PLACE OF D Baltimore C	EATH: City, Maryland			4. USUAL RESI	35 4550	B. COUNTY	. If institution	residence fore admission)
В.	FULL NAME	OF (If not in hospita	l or institut	ion, give street address or Hospitals location)	c, CITY OR TOW	Marylan	utside corporate li	mits, write RI	
	STITUTION	4940 East			9.011.011		RE DUND		township)
	- 21	4740 2200	0111	Yrs.	D, STREET ADD	RESS (If re	ural, give location)	)	100
c.	Length of s	tay in Baltimore	?	Mos. Days			Fisher 1		
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIR	тн		Months Days	Hours Min.
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	k dene during most	CUPATION (Give kind of of working life, even if retired)		best Plan		enn.	eigh country)	WHA	T COUNTRY?
13	B. FATHER'S N	Worker	14. 170	water part	14. MOTHER'S		ME		
		John Wesl	AV		1	lay			
		ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
(Ye	os, no or unknown)	(If yes, give war or dates	or service)	SECURITY NO.	в. с. н.	4940 Ea	stern Ave.	. (reco	ords)
	18. 434.	1		CAUSE	OF DEATH				T AND DEATH
		SE OR CONDITION		Onn.		A 70 . 2 7			
	(This does	LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mean	f dying, e.	(A)	estive Hear	t railu	re - Perio	prated	
		complication which c		h.) DUE TO					
		ANTECEDENT CAUS	ES						
NOIL		S OR CONDITIONS, I						•••••	
F		THE ABOVE CAUSE (A) YING CONDITION LA							
10				(C)		••••••			
RTIFICA	OTHER SIG	II SNIFICANT CONDITIONS	CONTRIB	UTING					
ш		DEATH BUT NOT I	IT.						
AL C	19A. DATE C		AS PERFO			PART I OF	ION WAS RELATE DEATH, ENTER R PART II	R IN YES	
DIC	OR CONTRI	ENT WAS UNDERLY! BUTING CAUSE OF	about	B. PLACE OF INJURY ( thome, farm, factory, street, office	(e. g., ia or 21C. Whobldg., etc.) INJURY	OCCUR?	If in Baltlmore C	City, give exac	et location)
111111111111111111111111111111111111111		TIFY MEDICAL EXAMINE							
2	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT   NOT WHI		M DID INJI	URY OCCUR?		
		•	m.	WORK AT WOR	K L	-1-		40	
	22. I herel	by certify that I att	ended the	e dcceased from	12-13 , 19	53, to	12-13, 1	953, that I	last saw the
	deceased a	TUPE .		and that death occu	23B. ADDRESS	m., from th	ie causes ana o	23c. E	DATE SIGNED
	ZJA, SIGNA	Hefsh	in Vace	м. р.	tata =	stern A	γθ.	12-	14-53
2 T	4A. BURIAL.	CREMA- 248 DATE Specify)	. 53	24c, NAME OF CEMET	ery or CREMATO	RY 240. 14	CATION (City, t	own, or county	y) (State)
	DATE RECEIVE	D BY   REGISTRAR	S SIGNAT	17711:	25. FUNERAL	IRECTOR	.00. 0	ADDRE	ss
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		DUFIL			y South Total	PAGE 1			

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NOT A MEDICAL EXAMINER'S CASE

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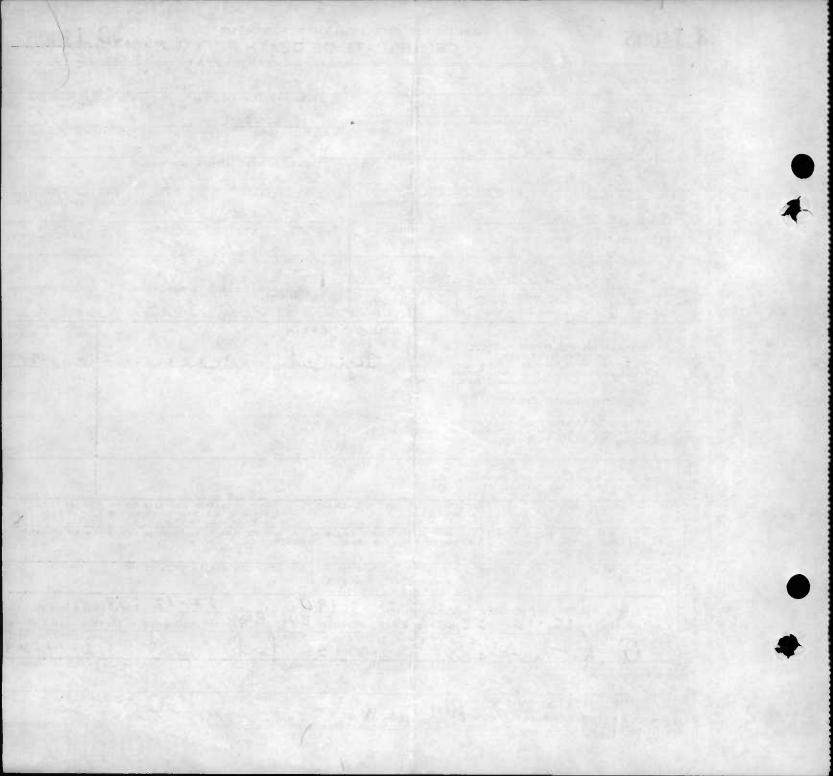
atm stange, no comment.

12/20/53 Es.

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# BALTIMORE CITY HEALTH DEPARTMENT

	R-423
53	11005  BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  Registered No. 11005
. The	1. NAME OF DECEASED (Type or Print) Donald J. Blackstock   2. DATE /2/12/53
supplied.	A. Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE  B. COUNTY  before admission)
lly	B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
carefully	c. Length of stay in Baltimore  Yrs.  Mos. Days  D. STREET ADDRESS (If rural, give location)  (1240 // (244 //
d d	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED? WIDDWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under 14 Hours Min. Months: Days Hours Min.
should learly an	10A. USUAL OCCUPATION (Give kind of work ing life, even if rotired)  10B. KIND OF BUSINESS OR III. BIRTHPLACE (State or foreign country)  WHAT COUNTRY?
VDING information shous of death clearly	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Ellen M. Letts
BINDING of inform	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO. SECURITY NO.
FOR BIN y item of i	18. 200./ DISEASE OF CONDITION DIRECTLY  CAUSE OF DEATH ONSET AND DEATH
VVED FO	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
<u> </u>	ANTECEDENT CAUSES
N RESE NG INK.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  (C)
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE
ht.	19A. DATE OF OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION CAUSE OF DEATH, ENTER IN PART I OR PART II  YES NO
LY, WITH	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21b. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21c. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?
AINLY ally imp	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  DESCRIPTION OF INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK
PI	22. I hereby certify that I attended the deceased from 1946, 19, to 12-12, 1953, that I last saw the deceased alive on 12-12, 1953 and that death occurred at \$40 m. From the causes and on the date stated above.
IS. IS.	23A. SIGNATURE 23B. ADDRESS ONE CAUT 12-14-3-3
च ले	24A. BURIAL, CREMA- TION, REMOVAL (Specify) 2/15/53 Moreland Park Parkville Md.
PLEAS correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR WILLIAM MANY BOX DATE 1217 St. Paul St.
	VS 150

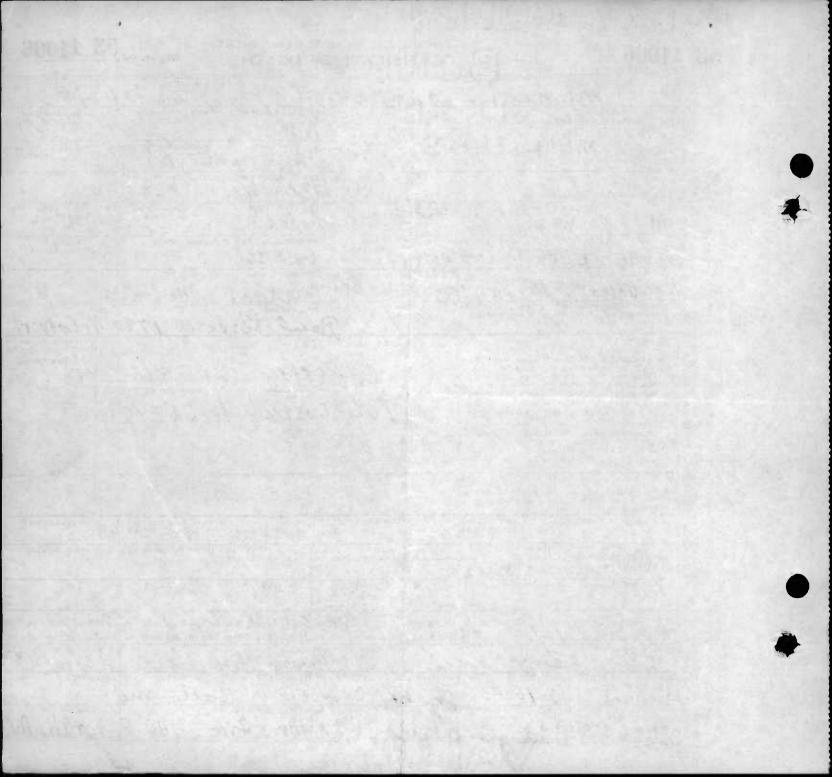


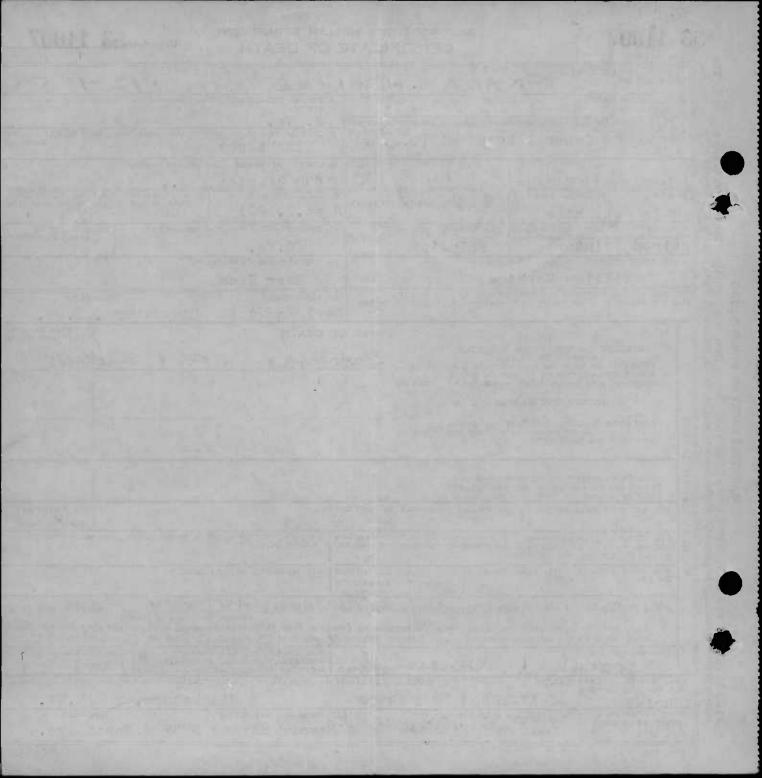
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11006

h		RTH NO.			ERTIFICA	ALE OF	DEATH			
H H	1.	NAME OF E	DECEASED .	1	1			2. DATE		
Ġ.	(T	'ype or Print)	micha	e/ )	Mark	akis		OF DEATH	12/12	2/53
carefully supplied. egibly.		PLACE OF E				4. US	UAL RESIDENCE	E (Where deceased		
dn		FULL NAME	City, Maryland OF (If not in hospi	tal or institution	give street addre	A A. ST	ND	B. COL	JNIY	before admission)
<i>v</i> ₁	H	OSPITAL OR	MERCY	Hos	o locat		Y OR TOWN	(If outside corpor	rate lim ts, w	rite RURAL and give
ull y.	111	2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			6	PALTIM	OKE, M	D. IL	township)
ref		21					REET ADDRESS	(If rurai, give loc		4
ca	c.	Length of	stay in Baltimore			os. 17	20 N.	CALVE	RT.	st.
be	5.	SEX	6. COLOR OR RACE			18. DA	E OF BIRTH	9. AGE (In		r l Year   H Under 24 Hours   Days   Hours   Min.
should be carefu	-	/N	W	WIDOWE	S, BIVORGED (Sp	11/1	10/06	4	7	Days Hours Min.
on shou	10	A. USUAL OC	CCUPATION (Give kind of working life, even if retired	108. KIND C	F BUSINESS OF	11. 81	RTHPLACE (State	or foreign country	) 12.	CITIZEN OF
		STORE	MEEKER	CONFE	CTIONRY		LREELE			WHAT COUNTRY?
	13	FATHER'S	NAME	5	ORE	14. M	OTHER'S MAIDE	NAME		1
NG rmati death	1	nicko	las Ma	-11alxi	<	21	NIN KON	· Ma.	Mic	
of c	15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	6. SOCIAL	17. IN	FORMANT	7/144	ADDE	PESS
	(10	s, no or unanown)	(If yes, give war or dat	es of service)	SECURITY N	· P-	Q Kas	20815 1	790/	Vilaluert
	-	18. 7 5 77			CAUS	E OF DE	EATH	12312	12011	INTERVAL BETWEEN
FOR item		121	SE OR CONDITION	DIRECTIV	CAUS	E OF DE	AIR			ONSET AND DEATH
五一十二		- 100 CAN 100 TO THE	LEADING TO DEA	TH	/	HRO	MIC	UREM	14	70,000
		neart failt	ure, asthenia, etc. It mes	ans the disease.	(A)	. [ [ ] . ]			R. J	V. J. J. A.L.
Ever Write	7	injury or	complication which	caused death.)	DUE TO	IVI	Vala.	Winner	14.3	0
p-lint	_		ANTECEDENT CAU	SES		416	YSTIC	NIUNE	45.	
RESE INK. please	TION	DISEASE	S OR CONDITIONS,	F ANY, GIVING	(B)	•••••••••••		******		
r la	FA	UNDERL	THE ABOVE CAUSE (A)	STATING THE	DUE TO					
MARGIN UNFADING	ICA				(C)	•••••	*******************************			•
RC AD cia	THE		11			ESATEN				
MA NF	ERTI		GNIFICANT CONDITIONS DEATH BUT NOT			19-71				Clarette St.
T AD	Ü	DISEASE	OR CONDITION CAUSIN	G IT.						
ITH nt.	니	19A. DATE O	OF OPERATION	WAS PERFORM	ON FOR WHICH	OPERATIO	CAUS	PERATION WAS RE		20. AUTOPSY?
ILY, WITE	DICA	21a. ACCID	ENT WAS UNDERLY	INGEL 218 P	LACE OF INJUR	Y (a a in or	PART	I OR PART II	ore City giv	YES ND ND
ort	EDI	OR CONTRI	BUTING CAUSE O	about hon	ac, furm, factory, street,	office bldg., etc.)	INJURY OCCU		ore orey, giv	c cance location,
du LY,	M									
PLAINLY ecially imp		OF INJURY	(Month) (Day) (Year		HILE AT NOT	WHILE	21F. HOW DID	INJURY OCCU	₹?	
E.A.				m. "	WORK AT	WORK				
~	H	22. I herel	by certify that yat	tended the de	eceased from_	11/21/	5 3, 19 53, to	12/12/	, 19 <b>G</b> \$ti	hat I last saw the
TE	6	deceased a		_, 19_53 an	d that death o			m the causes a		late stated above.
RI		23A. SIGNA	TURE 1	1 Bo		238 ADI	DRESS !!	74 1/2	13	3c. DATE SIGNED
0.6	-	1	July 17	1 Vill	M. D.	IN	vey 110	yo. Un	Cor 1	4/14/53
E S	TIC	AA. BURIAL.	CREMO 248. DATE Specify)	- 12 24	C. NAME OF CEM	P	TEMPTORY 24	LOCATION (C	1	county) / (State)
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PLEASE	LC	ATE RECEIVE	TRAR REGISTRAR	'S SIGNATUR	£	25. FU	INERAL DIRECT	OR	1 1 A	DDRESS
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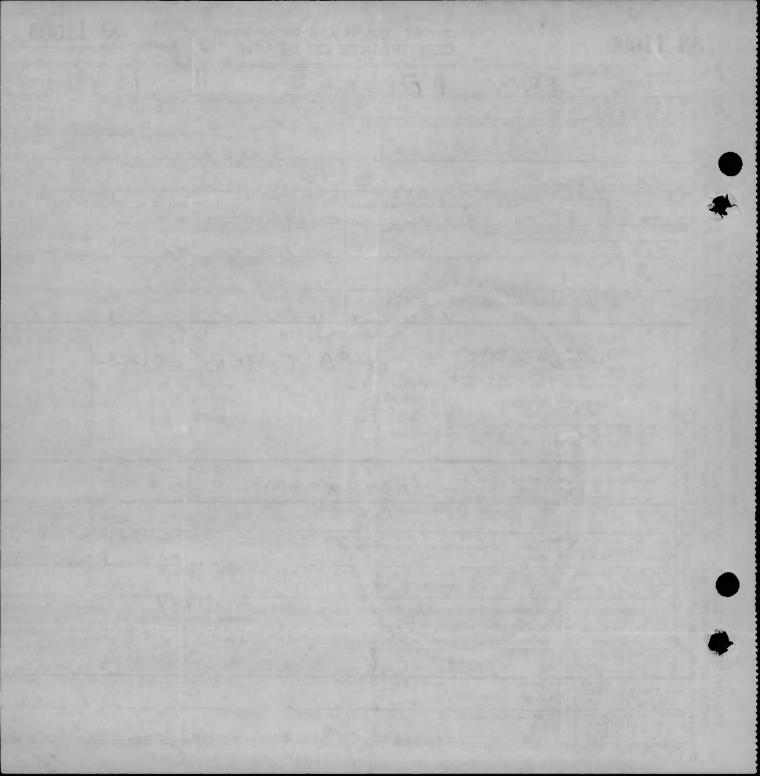
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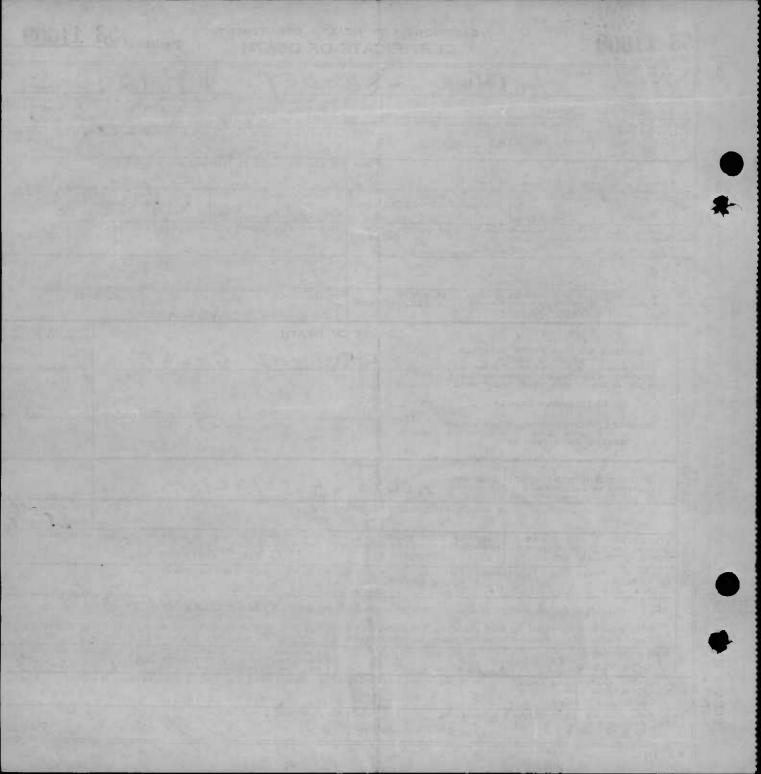
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	AB-91684	PALTI	MODE CITY HE	ALTH DEPARTMENT		
53	11010 BIRTH NO.			OF DEATH	Registered	3 11010
	1. NAME OF DECEASED (Type or Print)	Hannah M	urphy		2. DATE OF DEATH 12	-12-1953
supplied.	A. Baltimore City, Ma:	ryland not in hospital or institution,	aine atmost a diluccia an	A. STATE Maryland	(Where deceased lived. If	institution : residence before admission)
ully st	HOSPITAL OR	nore City Hospita	location)		If outside corporate limit	write PoliAL and give township)
e carefully legibly.	c. Length of stay in B		Yrs.	o. street address (14940 Eastern Ave		ity Hospitals
ld b	5. SEX 6. COLO	R OR RACE 7. SINGLE, M WIDOWED, Widowed		8. DATE OF BIRTH Oct. 27- 1865	9. AGE (In years)	
on should clearly an	10A. USUAL OCCUPATIO work done during most of working life  ## Ovse Wife	N (Give kind of 10B. KIND OF e, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Maryland	foreign country)	12. CITIZEN OF WHAT COUNTRY?
information s of death cle	13. FATHER'S NAME	David Hopkins		Sara Evans 'I	11.	
f info	15. WAS DECEASED EVER IN (Yes, no or unknown) (If yes, g	U, S. ARMED FORCES? live war or dates of service)	SECURITY NO.	17. INFORMANT 4940 Records:Baltimor	Eastern Are Al	DDRESS
PLAINLY, WITH UNFADING INK. Every item of occially important. Physicians: please write the cause	DISEASE OR COLLEADIN (This does not mean heart failure, asthen injury or complicat  ANTECEI  DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH DISEASE OR CONDITION 19A. DATE OF OPERA  21A. ACCIDENT WAS OR CONTRIBUTING DEATH (NOTIFY MEDIC 21D. TIME (Month) (OF INJURY 12—1)  22. I hereby certify deceased alive on	CONDITIONS CONTRIBUTION BUT NOT RELATED TO TO THE PROPERTY OF	CAUSE C  (A) Pneumoni  DUE TO  (B)	Left Femur  ERATION   IF OPER CAUSE PART IN INJURY OF COURT IN	RATION WAS RELATED TO DEATH, ENTER IN OR PART II  Of DEATH, ENTER IN OR PART II  Of DEATH OF DEATH, ENTER IN OR PART II  Of DEATH OF DEATH, ENTER IN OR PART II  Of In Baltimore City,  NJURY OCCUR?	ED BY  M.D.  MINER.  20. AUTOPSY?  YES NO  give exact location)  26/36
WRI's	TION, REMOVAL (Specify)	10. John 1240	NAME OF CEMETER	240 Eastern Ave.	Baltimore Md LOCATION (City, town,	12-12-1953 or county) (State)
PLEASE correct ag	Do RIA	REGISTRAR'S SIGNATURE	MALLAND THE	25. FUNERAL DIRECTOR		ADDRESS

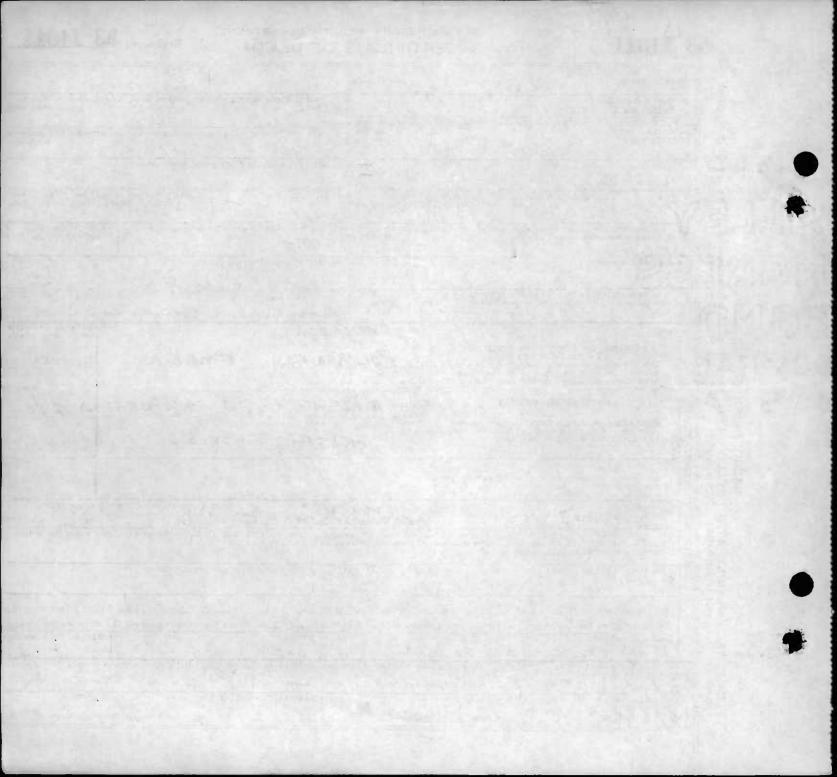
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To be approved by the Medical Examiner

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<sub>e</sub> 5	3	11011 CERTIFICAT	REALTH DEPARTMENT X Registered No.3 11011
1. The	1.	NAME OF DECEASED Kump Charlott	2. DATE OF DEATH 12-14-53
carefully supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
ally su	H	FULL NAME OF (If not in hospital or institution, give street address of location ISTITUTION)	
carefi	С.	Length of stay in Baltimore Yes.  Days	D. STREET ADDRESS (If rural, give location)
ild be	-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	8. DATE OF BIRTH 9. AGE (In years It Under I Year It Under 24 Hours
n shou	1C worl	A. USUAL OCCUPATION (Givekind of k done during most of working life, even if retired)  A. USUAL OCCUPATION (Givekind of log. KIND OF BUSINESS OR INDUSTRY)	711. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
BINDING of information should be carefu ises of death clearly and legibly.	13	FATHER'S NAME	Martha Biddle
BINDING of inform uses of dea		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Sease Vinne Nampstead Mid
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	CATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	MONARY EMBOLUS SUDDEN-  TO-THIGH AMPUTATION 4 da-  RTERIOSCHEROSIS
MARGIN NFADINC hysicians:	ERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H	AL C	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH C	PART I OR PART II YES NO
ILY, WITH important.	EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	
LAINLY,	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY  Th. WHILE AT NOT WH WORK AT WO	HILE
7 00		22. I hereby certify that I attended the deceased from 12 deceased alive on 12-13-19, and that death occur	urred at 6 4 m., from the causes and on the date stated above
WRITE PI		Stephen C. Gomvell M. D.	23B. ADDRESS 23C. DATE SIGNED 12 1 4 33
PLEASE W		AA. BURTAL, CREMA 24B. DATE 24C. NAME OF CEMET Dec. 17-53 Middletoe	err cemety Ballimine County Med
PLE	- L	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR  A THE THE PROPERTY OF TH	Educ. C. Typton Vampstead Ma

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits waite LURA) C. CITY OR TOWN INSTITUTION (If rural, give jogation) ADDRESS Yrs. Mos. c. Length of stay in Baltimore Days 9. AGE (in years) 6. COLOR OR RACE 7. SINGLE, MARRIED st hirthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) information should of death clearly a 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES:
Yes, no or with nown) (Figs., give war or dates of service) SOCIAL (Yes, no or whknown) SECURITY NO. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY VASCULAR (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES BROKEN CONKDENSATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ... RTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CEF TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION HILIM EDICA 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 1953, to DEC 22. I hereby certify that I attended the deceased from JUNE deceased alive on DE C // 19 83, and that death occurred at P.m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA- 24B. DATE CATION City, town, or county

REGISTRAR'S SIGNATURE

before admission)

If Under 24 Hours

If Under I Year

DRESS

12. CITIZEN OF

WHAT SOUNT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

, 1903, that I last saw the

25. FUNERAL DIRECTOR

23c. DATE SIGNED

ADDRESS 322 A

NO

DATE RECEIVED BY

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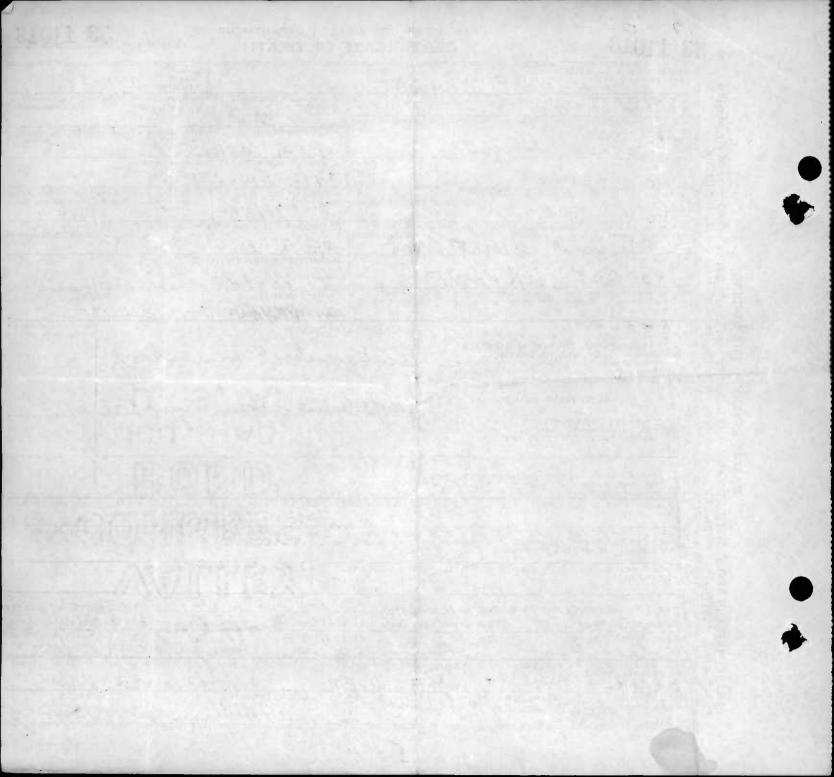
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered	No.	1.1	CYCA

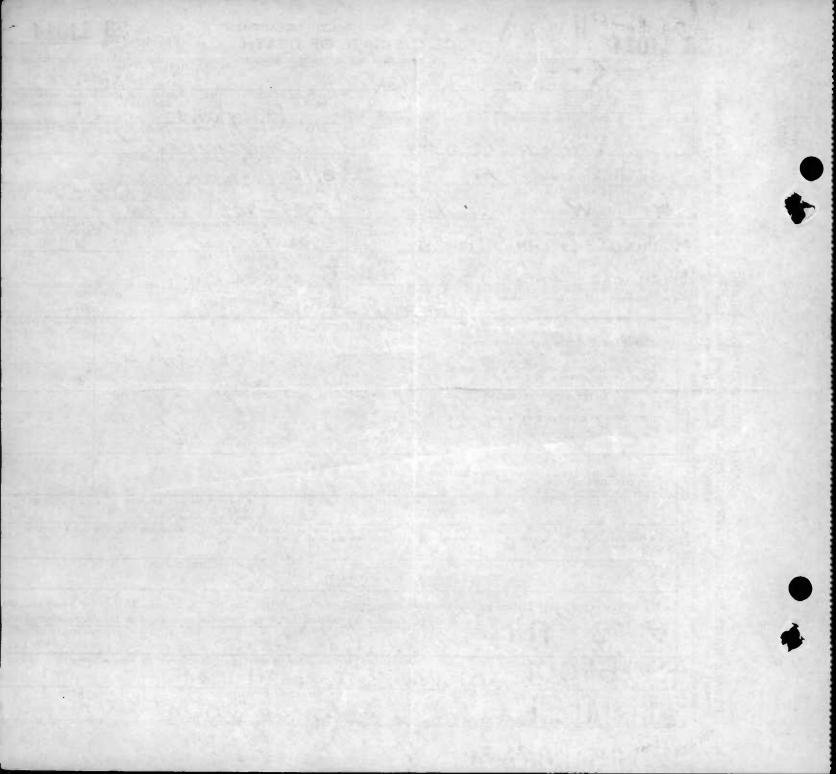
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7-100	BALTIMORE	CITY	HEALTH	DEPARTMENT
11014	CERTI	FICA	TE OF	DEATH

Registered No. 11014

F	DI	RIH-NO.		
		NAME OF DECEASED	2. DATE OF DEATH	13-1953
carefully supplied egibly.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If	
dns	8.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland	4
lly	IN	OSPITAL OR STITUTION ()	C. CITY OR TOWN (If outside corporate inni-	s, write RVRAL and give township)
eful	4	St. Agnes Hospital	o. STREET ADDRESS (If rural, give location)	
carefu		Mos.	3116 Marcdo AUZ.	marec.
	-	SEX   6.COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years)	Under 1 Year   If Under 24 Hours
should be		M WIDOWED DIVORCED (Specify)	8-28-1934 1948 Mo	nths Days Hours Min.
shou	10.	A. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR done during most of working life, eye o if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
0 11	M	achinist - GLENN L Marlin	maryland	USA
IDING information of death cl	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
NG de:	M	lichael Gough SR	Kose Kennedy	
BINDIN of inforuses of d	(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	DDRESS
of of ises		213-32-//62	ralher	SAME INTERVAL BETWEEN
Ean Ea		011.2	OF DEATH	ONSET AND DEATH
FOR the ca		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a elescen let -	
_ 2		(This does not mean the mode of dying, e.g., (A)	-	
RVED Ever write			A clo no track	
K.	z	ANTECEDENT CAUSES	are made for more	۷.
RESERVED INK. Evel please write	017	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	t. 1. 0.A	
C5	CA	UNDERLYING CONDITION LAST.	li mean of.	
MARGIN NFADIN nysicians:	IFI			
IFA IFA ysic	ERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
UN Ph	CE	OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP	PERATION   IF OPERATION WAS RELATED T	o   20. AUTOPSY?
Ht.	1 L	WAS PERFORMED	CAUSE OF GEATH, ENTER I	
ILY, WITH important.	)IC	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (c about home, farm, factory, etreet, office)	s. g., in or 21c. WHERE DID (If in Baltimore City,	give exact location)
0	ED	DEATH (NOTIFY MEDICAL EXAMINER)	mug., suc.).	
PLAINLY, ecially imp	Σ	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE OF INJURY		
TE PLAIN especially		WHILE AT NOT WHILE AT WORK AT WORK	E	·\$ <u>/</u>
PI		22. I hereby certify that I attended the deceased from	:./2 ,1953 to Dec. 13 ,195	3, that I last saw the
TE		deceased alive on the - 13, 19 53, and that death occur	red atll:50 P.m., from the causes and on the	he date stated above.
RI		23A. SIGNATURE OCL TO MAID 2	3B. ADDRESS	Dec. 14-53
	24	AA. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETER	RY OR CREMATORY   240. LOCATION (City, town,	or county) (State)
ASE ct 2	THE	REMOVAL (Specify)	Todon BALTO	Md
PLEASE correct ag		ATE RECEIVED BY REGISTRAR'S SIGNATURE	ESOUNERAL DIRECTOR	ADDRESS 1
PI	LC	DCAL REGISTRARY	Leonard Steick 530	5 Hactors
1	=	VS 150		//
				//



Dr. Lauriston L. Keown

The

A	1	6	0
2	4.10	14 5	100
3	TIL	15	)

# BALTIMORE CITY HEALTH DEPARTMENT

3 11015 BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No	3 17015	
1. NAME OF DECEASED (Type or Print)	NAVERY		of Dec. 1		
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital	al or institution, give street address or	4. USUAL RESIDENCE (VA. STATE	Where deceased lived. If ins B. COUNTY <b>none</b>	titution: residence before admission)	
HOSPITAL OR INSTITUTION Gilman Apart Calvert & 31	tmen ts	V	outside corporade limits	vrite tURAL and give township)	
c. Length of stay in Baltimore	40 Yrs. Mos. Days	Gilman Apts., C	alvert & 31st		
male white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	July 25, 1883	70 Month	der 1 Year   M Under 24 Hours hs: Days   Hours   Min.	
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) Auditor	10B. KIND OF BUSINESS OR INDUSTRY  Hatter & MoNab	11. BIRTHPLACE (State or f		U. S.	
David Charles Aver		14. MOTHER'S MAIDEN N Harriett Min-			
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates		17. INFORMANT Mrs.Elizabeth E.		Apartments	
injury or complication which complete the co	F ANY, GIVING STATING THE DUE TO	to Cardiae decom	V. duine	years	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT F DISEASE OR CONDITION CAUSING	RELATED TO THE				
19A. DATE OF OPERATION 0 19	9B. CONDITION FOR WHICH OF AS PERFORMED	PART I	ATION WAS RELATED TO OF DEATH, ENTER IN OR PART II	20. AUTOPSY? YES NO	
21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE)	about home, farm, factory, street, office	e. g., in or bldg.,etc.) 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, gr	ve exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  DESCRIPTION OF INJURY OCCURRED WHILE AT WORK AT WORK  THE CONTROL OF INJURY OCCURRED WHILE AT WORK AT WORK					
22. I hereby certify that I att deceased alive on 12 Dec	, 1953, and that death occur	rred at 10 20 pm., from	12 Dec, 19 53 the causes and on the	date stated above.	
23A SURIAL, CREMA- 24B, DATE	ESUN III M.Q.	1938 Linden Aver	1.	23c. DATE SIGNED 12 - 14 - 53 r county) (State)	
Burial 12 - 16	- 53 Druid Ridge	Pike	sville, Maryle		
DATE RECEIVED BY LOCAL REGISTRAR	ton Williams, My	John O.Mitchell	Sons, Inc190	00 Eutaw Place	
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BUT WATER SEARCH SEARCH MADE IN LINES

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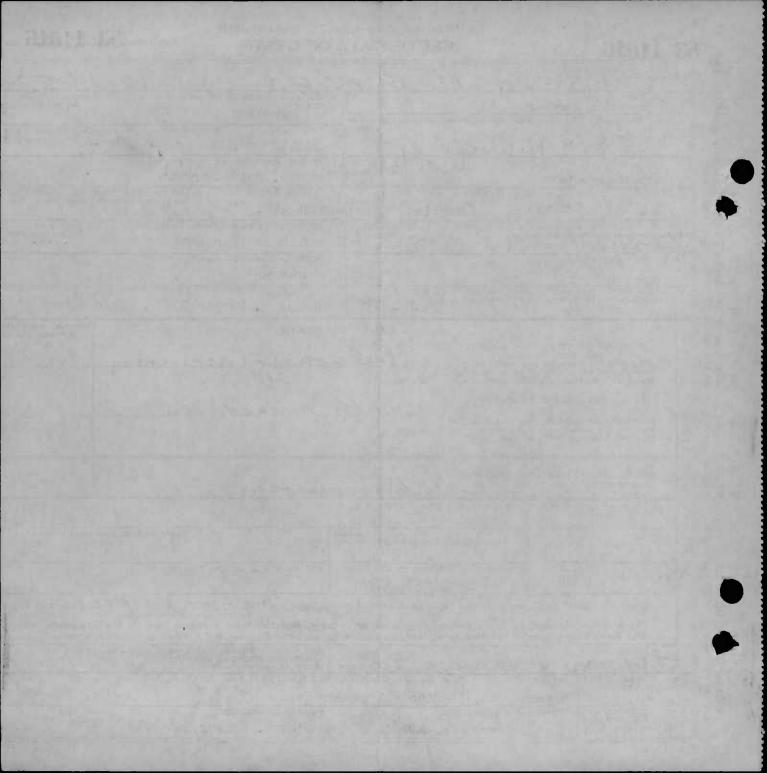
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before admission)

township)

If Under 24 Hours

20. AUTOPSY



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M-34 53 11017 BIRTH NO.	3
1. NAME OF DECEASE (Type or Print)	D

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3 11017

BI	RTH NO.						
1.	NAME OF D	ECEASED				2. DATE	
	Charles S.Middleton				1	DEATH Dec	13 1953
Α.	PLACE OF D Baltimore (	City, Maryland 5:	34 N.L.	inwwod Ave	4. USUAL RESIDENCE (	B. COUNTY	institution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospi	tal or institut	ion, give street address or location)		f outside combora, limit	white EURAL and give township)
	N-0				Baltimore		township)
				49 Yrs.	D. STREET ADDRESS (I	f rural, give location)	
		tay in Baltimore		Days	534 N.Linwes	od Ave	
5.	SEX	6. COLOR OR RACE		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH		onths; Days   Hours   Min.
A	fale	White	Wic	dower	Mar 4 1875	78	nons Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired	I 108 KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
				City Police		Md	WHAT COUNTRY?
	FATHER'S		marco	OTCY FOLICE	14. MOTHER'S MAIDEN N		
	D	amme W Middle	laton		Ella Herse	nh	
15	. WAS DECEASE	erry W.Mido	D FORCES?	16. SOCIAL			
(Ye	, no or noknown)	(If yes, give war or dat	es of service)	SECURITY NO.	17. INFORMANT		DDRESS
-					Delma Roberts	439 N.Linwo	od Ave
	18. 422			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION					ONSET AND BEATH
	(This does	LEADING TO DEA	of dving e	Arterio	-sclerotic Vascu	lar Disease	about 3yrs
	heart failu	re, asthenia, etc. It me	ans the diseas	se,	~ · · · · · · · · · · · · · · · · · · ·	14.444444444444444444444444444444444444	0.000
	111,017 01	complication which	caused death	1.)			
7		ANTECEDENT CAU	SES	Homory	hage into Lung		3 days
ō	DISEASE	S OR CONDITIONS,	IF ANY, GIVIN	(B)	mase illov hums	••••••	o days
E	RISE TO T	HE ABOVE CAUSE (AT YING CONDITION L	STATING TH	HE DUE TO			
CERTIFICATION			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	77mm m la au			- 1
브		11		(c) Empnys	sema of Lung		about 3yrs
2	OTHER S	SIGNIFICANT COND	ITIONS CO	N -			
빙	TRIBUTING	TO THE DEATH, BUT	NOT RELATI	ED IT	•••••		
	19A. DATE C	F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
4	N	one					YES NO K
MEDICAL	21A, ACCIDE	NT. SUICIDE. (Specify)	218. PLA	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City, g	give exact location)
Ш	HOMICIDE	(Specify)	about nome,	arm, ractory, street, omce bidg.,	etc.) INJURY OCCUR?		
Σ		Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY			WHILE AT - NOT WHILE			
			m.	WORK AT WORK			
	22. I hereb	y certify that I at	tended the	deceased from Jar	1949, to D	ecember , 19 b	that I last saw the
	decembed at	ive on Dec. 12	e. 19 55.	and that death occur	rred all:58Pm., from	the causes and on th	
	23 SIGNAT	TURE	7.21		38. ADDRESS		23C. DATE SIGNED
	MINE	67.11	11/1		ol6 Cathedral St.		Dec. 14, 1953
TIC	A. BURIAL. (S	REMA- 248. DATE pecify)			RY OR CREMATORY 24D. I	LOCATION (City, town,	or county) (State)
	Burial		1953	Baltimere		Baltimore M	vid
	TE RECEIVE		S SIGNATU	JRE .	5 FUNERAL DIRECTOR		ADDRESS
	DECT	47943 4	in atori	Welleaus.	Wary 1. armer	1204 Ric	dgewood Ave
-					A LAND		

53 11018 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF ERNEST FRED GRAY supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) DISTRICT OF COLUMBIA (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION VETERANS ADMINISTRATION HOSPITAL township) WASHINGTON Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2373 CHAMPLATN ST N.W.

ATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. c. Length of stay in Baltimore since 12/1, Days B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) on should clearly an MALE MARR TED IOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? DESHLER, OHIO information CHIDE HOTEL USA death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NEAL GRAY LEAFY LILLEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nuknown) (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. 265-09-2356 causes YES VA HOSPITAL RECORDS, VAH BALTO 18, MD. INTERVAL BETWEEN item 18. CAUSE OF DEATH 42011 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., VENTRICULAR FIBRILLATION 2ち HRS heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO AORTIC CALCINOSIS AND CORONARY ARTERIOSCLEROSIS UNKNOWN ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. MAJOR FINDINGS OF OPERATION 19A. DAJE OF OPERATION 20. AUTOPSY 12/14/53 important. EDICA 21B. PLACE OF INJURY (e.g., In or 2Ic. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, farm, fectory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 12/1/53 22. I hereby certify that I attended the deceased from\_ MACKED THE RESERVE AND THE CAUSES and that death occurred at 11:50 m., from the causes and on the date stated above, 23B. ADDRESS 23c. DATE SIGNED VAH BALTIMORE 18, MARYLAND TO CEMETERY OR CREMATORY BURIAL, CREMA 24D. LOCATION (City, town, or county) TION. REMOVAL (Specify) BERT, EMOUAL BB DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S LOCAL REGISTRAR VS 150

RESERVED

ZASO USUS TENDE 0750 The state of the s

1. NAME OF DECEASED

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Yrs.

Moon

Dars

INDUSTRY

A. STATE

Registered No. 11019

If Under 1 Year

USA

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

UNKNOWN

20, AUTOPSY

MUNICOLOGICA STATE

23c. DATE SIGNED

before admission)

BIRTH NO

(Type or Print) JOSHUA W. JONES. Jr. 3. PLACE OF DEATH:

A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location)

VA HOSPITAL BALTO 18. MD

c. Length of stay in Baltimore

6. COLOR OR RACE

MALE WHITE 10A. USUAL OCCUPATION (Glyckinda) work done during most of working life, even if retired)

USED CAR SALESMAN

13. FATHER'S NAME

INSTITUTION

5. SFX

002

JOSHUA W. JONES, SR. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give wer mr dates of service) (Yes, no nr nnknown) YES

16. SOCIAL 71-01-5772

7. SINGLE, MARRIED

DIVORCED

AUTOMOBILE

WIDOWED DIVORCED (Specify)

10B, KIND OF BUSINESS OR

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY

MARYLAND (If outside corporate limits, write RURAL and give

C. CITY OR TOWN BALTIMORE 18, MARYLAND

D. STREET ADDRESS (If rural, give location 2317 MARYLAND AVENUE

8. DATE OF BIRTH 9. AGE (In years) last birthday) Months; Days Hours; Min.

3/27/09 11. BIRTHPLACE (State or foreign country)

CALVERT COUNTY, MARYLAND 14. MOTHER'S MAIDEN NAME

GARNER

17. INFORMANT

VA HOSPITAL RECORDS

FIBROCASEOUS TUBERCULOSIS, BILATERAL

21c. WHERE DID

21F, HOW DID INJURY OCCUR?

INJURY OCCUR?

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-

22. I hereby certify that I attended the deceased from

about bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

NOT WHILE

AT WORK

and that death occurred at 11:40 m., from the causes and on the date stated above. 23A. SIGNATURE

> VA HOSPITAL. OF CEMETERY OR CREMATORY

BALTO 18, MD. ATION (City, town, or county)

(State)

TIM. REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

BURIAL, CREMA-

OF INJURY

REGISTRAR'S

25. FUNERAL DIRECTOR

23B, ADDRESS

ADDRESS

(If in Baltimore City, give exact location)

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information should RESERVED UNFADING Physicians: important.

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ally supplied.

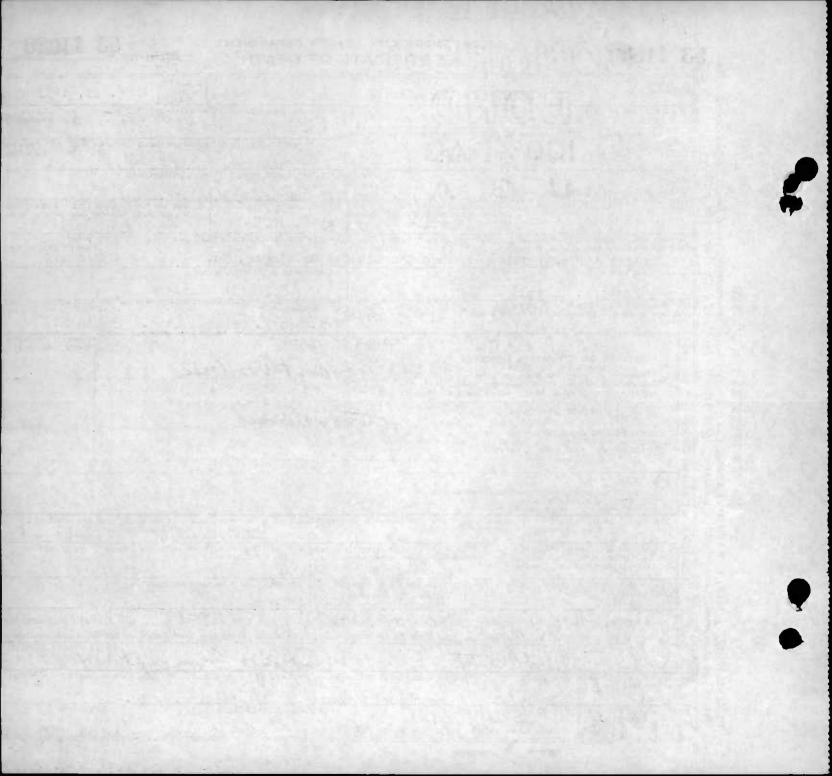
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#### BALTIMORE CITY HEALTH DEPARTMENT

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Registered	UU	11	020
Registered	No_		

CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Dec. 13, 1953 LEROY CEIZER MURRILL supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside cornerate limits, write IJUBAL and give carefully INSTITUTION Charles & 34th Sts. Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Charles & 31th Sts Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months: Days Hours Min. 6. COLOR OR RACE should May 2, 1885 Married clearly 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? information s of death cle Pusiness Machines Manager Addressograph Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING Fannie Wheeler James L. Murrill 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Mrs. Ida F. Murrill Chas. & 34 th St. causes of INTERVAL BETWEEN 18. CAUSE OF DEATH item ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY Every ite (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (e.g., in or ON CONTRIBUTING | CAUSE OF | about home, farm, factory, street, office bidg., etc.) | INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER PLAINLY. 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE! WORK AT WORK 1953, to N. C/3 22. I hereby certify that I attended the deceased from \$ 60.7 . 1953, that I last saw the WRITE deceased alive on NEC 1953, and that death occurred at 1 1. m., from the causes and on the date stated above. 23A. A SNATURE 234. ADDRESS 23c. DATE SIGNED S 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE PLEASE correct Greenmount Cemetery 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRÁR'S SIGNATURE LOCAL REGISTRAR untington



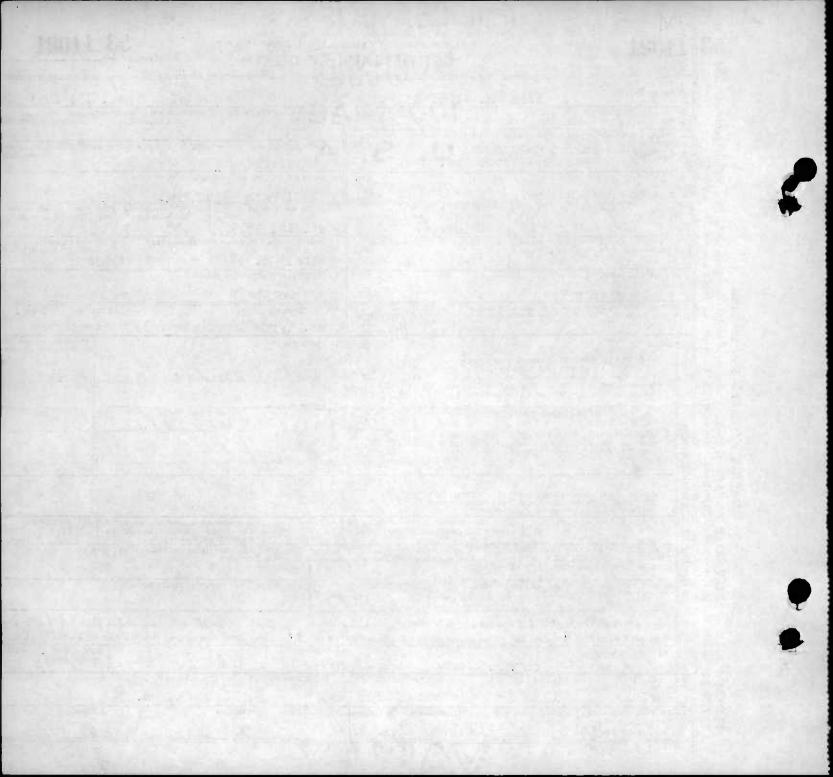
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#### BALTIMORE CITY HEALTH DEPARTMENT

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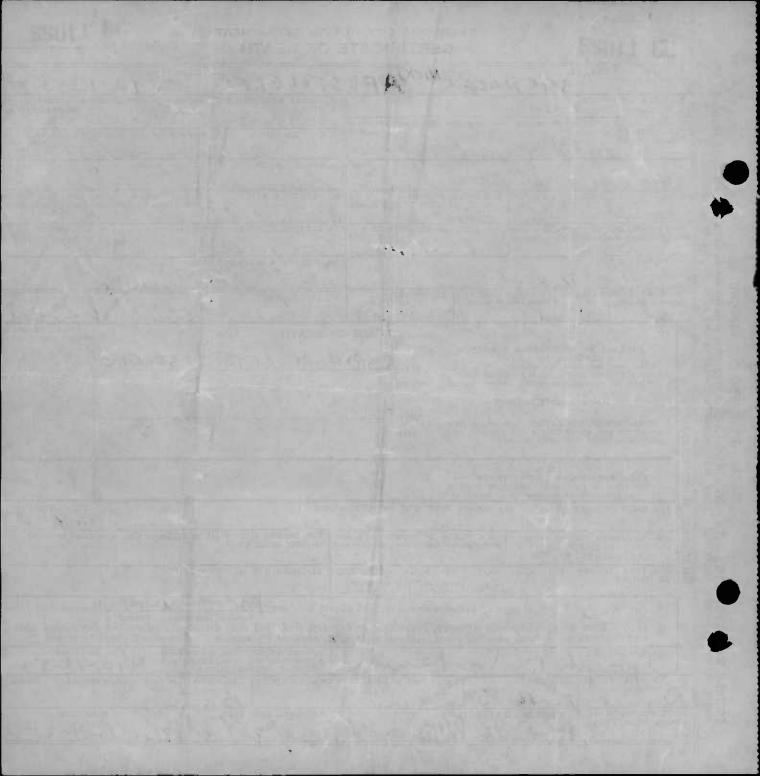
BIRTH NO.	CERTIFICATI	E OF DEATH	Registe	red No.
			10.04=	
1. NAME OF DECEASED (Type or Print) ELLA H. M	INSTER		2. DATE OF DEATH	Dec. 13, 1953
a. Baltimore City, Maryland		4. USUAL RESIDES	NCE (Where deceased liv B. COUNT	red. If institution: residence FY before admission)
B. FULL NAME OF (If not in hospital or institution Ingram Hall Apts. 7301 Park Hgts. A	#204 location)	c. CITY OR TOWN Baltimo		dimit), write le LRAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	7301 Park	Hgts. Ave.	
WIDO	LE, MARRIED, WED, DIVORCED (Specify) dowed	Oct. 14, 18	73 80	mrs   H Under 1 Year   H Under 24 Hours   Months Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	D OF BUSINESS OR INDUSTRY	Balto. Md.	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME	
Nathan Hess		Bertha	?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT		ADDRESS Ave.
No	NO NO	Mrs. Myron	Oppenheimer 33	308 Strathmore
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused dear ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  ULL OTHER SIGNIFICANT CONDITIONS CONTRIES TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED.	E., (A) Cea the, Due to  (B) Classified the Due to  (C)	terio -	ALQUIS	i d
U DISEASE OR CONDITION CAUSING IT.	TO THE			
19A. DATE OF OPERATION 19B. CONE WAS PERF	OITION FOR WHICH OF	C/ P.	OPERATION WAS RELA AUSE OF DEATH, ENT ART I OR PART II	TER IN YES NO
21A. ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	B. PLACE OF INJURY ( at home, farm, factory, at reet, office			City, give exact location)
21D TIME (Month) (Day) (Year) (Hour) OF INJURY m.	WHILE AT NOT WHI WORK AT WOR	K .	DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased alive on Dec 2, 1917	e deceased from and that death occur	rred at 3 P. m.,	from the causes and	19 LL that I last saw the on the date stated above.
Villedy Reference	M. D.	1041 St. Pa	ulst.	23C. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 12/15/53	Oheb Shalom		Raltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNAT	Williams M	Vim. O Zeko		Bello mo
Vs 150				

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The Correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

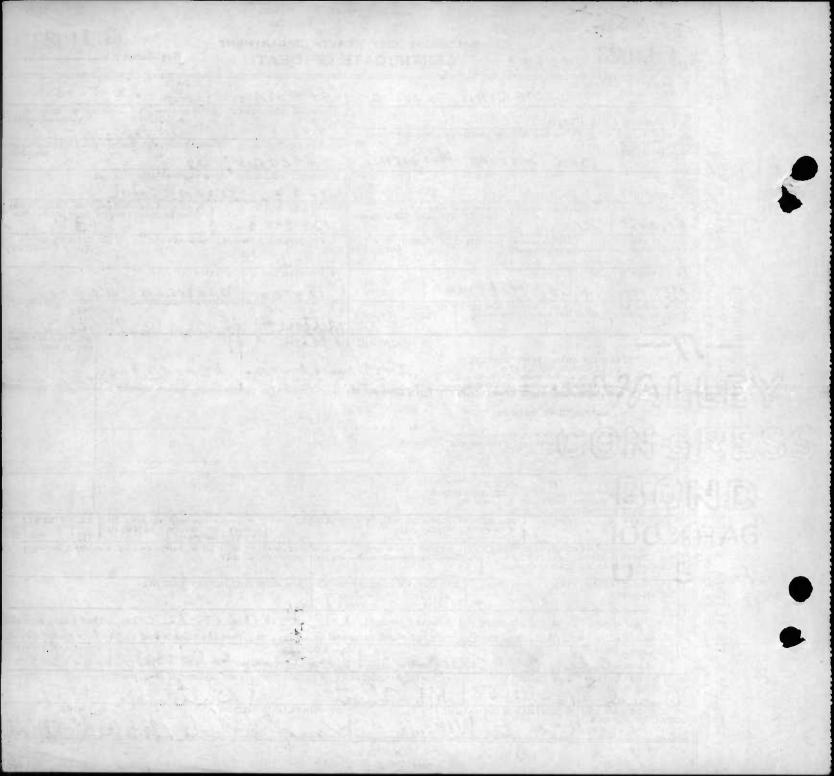


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### CERTIFICATE OF DEATH

Registered No. 11024

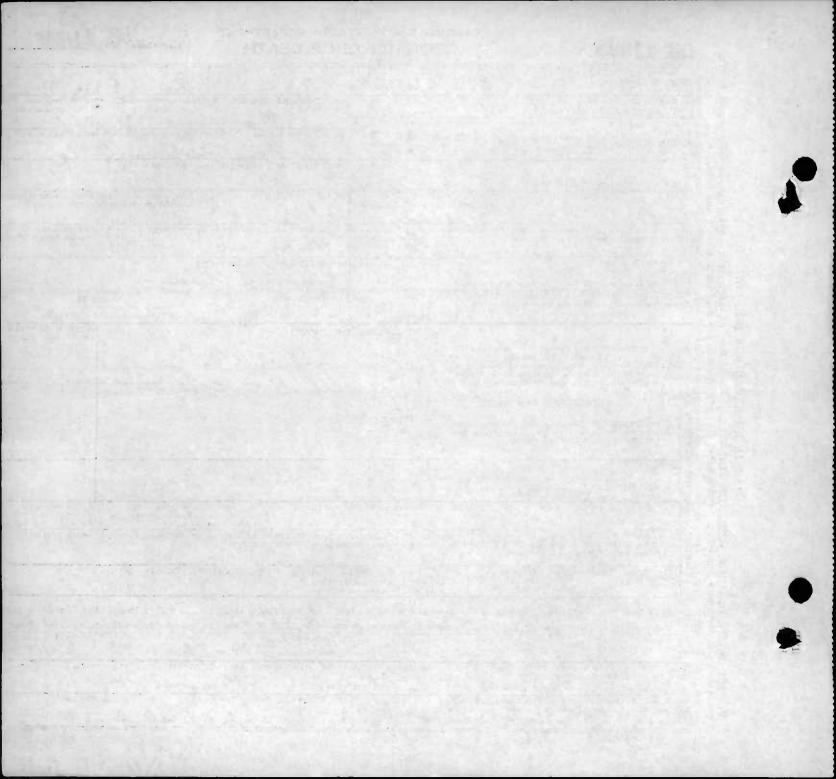
11 (11)	NAME OF DECEASED Arch pype or Print)  PLACE OF DEATH, DITCH Baltimore City, Maryland			SIDENCE (Where deceased lived.	
B. HC	Baltimore City, Maryland FULL NAME OF (If not in hos) OSPITAL OR NSTITUTION	pital or institution, give street address location	c. CITY OF TO	B. COUNTY Balto WN (If outside corporate in	
C.	St Jose Length of stay in Baltimore	phs Hospital Yr Mo Da	B. D. STREET AD	DRESS (If rural, give location)	300
5.	Male White	Single	April 18	last birthday)	If Under 1 Year Months Days Hours
work	A USUAL OCCUPATION Give kind knowduring most of working life, even if retire	108. KATO EUSINESS OR INDUST	Balt	cé (State or foreign country)	12. CITIZEN OF WHAT COUN
		H. Hilditch		callen Name	
	5. WAS DECEASED EVER IN U.S. ARM ea, no or unknown) (17 yes, give war or d Yes W W 2	stes of service) CECLIDITY NO	17. INFORMAN	R. Soth 1633 E.	ADDRESS 33rd St.
	injury or complication which	caused death.) DUE TO		o Nephrosclerosas	
NOIL	ANTECEDENT CA  DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION  II OTHER SIGNIFICANT CONDITIO	(B)	ardiac Failu		
LION	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION	NS CONTRIBUTING TRELATED TO THE TING IT.  (B)		IF OPERATION WAS RELATED	
L CERTIFICATION	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE DEATH (NOTIFY MEDICAL EXAMI	NS CONTRIBUTING RELATED TO THE ING IT.  19B. CONDITION FOR WHICH WAS PERFORMED  21B. PLACE OF INJURY about home, farm, factory, street, o	OPERATION  ( e. g., in or 21c, W	IF OPERATION WAS RELATED CAUSE OF DEATH. ENTER PART I OR PART II HERE DID (If in Baltimore Cit	IN YES NO
MEDICAL CERTIFICATION	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE DEATH (NOTIFY MEDICAL EXAMI	NS CONTRIBUTING RELATED TO THE ING IT.  19B. CONDITION FOR WHICH WAS PERFORMED  21B. PLACE OF INJURY OF NER)	OPERATION  Y (e. g., in or 21c. W ffice bldg., etc.)	IF OPERATION WAS RELATED CAUSE OF DEATH. ENTER PART I OR PART II HERE DID (If in Baltimore Cit	IN YES NO
MEDICAL CERTIFICATION	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION)  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE 19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE DEATH (NOTIFY MEDICAL EXAMI  21D. TIME (Month) (Day) (Yes OF INJURY  22. I hereby certify that I deceased alive on  23A. SIGNATURE	NS CONTRIBUTING RELATED TO THE NAS T.  19B. CONDITION FOR WHICH WAS PERFORMED  21B. PLACE OF INJURY OF NER)  21B. PLACE OF INJURY about home, farm, factory, street, o WORK  ATV  attended the deceased from  19	OPERATION  Y (e. g., in or 21C. W INJUR INJUR 21F. He york 1	IF OPERATION WAS RELATED CAUSE OF DEATH. ENTER PART I OR PART II HERE DID (If in Baltimore Cit Y OCCUR?  DW DID INJURY OCCUR?  9, to	y, give exact location  that I last sa  the date stated of
MEDICAL CERTIFICATION	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE ( UNDERLYING CONDITION)  II  OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE  19A. DATE OF OPERATION  21A. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE DEATH (NOTIFY MEDICAL EXAMI)  21D. TIME (Month) (Day) (Yes OF INJURY  22. I hereby certify that I deceased alive on 23A. SIGNATURE  4A. BURIAL CREMA- ON, REMOVAL (Specify)  Burial dec.	NS CONTRIBUTING THE LAST.  (C)  NS CONTRIBUTING THE LAST.  (C)	OPERATION  Y (e. g., in or fine bldg., etc.)  RRED WHILE  21F. Howard at 238. ADDRESS:	IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II HERE DID (If in Baltimore Cit Y OCCUR?  OW DID INJURY OCCUR?  9, to	that I last sa the date stated a 23c. DATE SIG

NAME ADDRESS DATE

## BALTIMORE CITY HEALTH DEPARTMENT

X Registered No. 11025

The	5	CERTIFIC	ALE OF DEATH
	(T		MIHL   2. DATE OF DEATH 12/14/1953
ppli		PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
VDING information should be carefully supplied to death clearly and legibly.	B. HC	FULL NAME OF (If not in hospital or institution, give street, add	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
refu	-	6 sources 1, 11 av.	Yrs. D. STREET ADDRESS (If rural, give location)
e ca leg		Length of stay in Baltimore	Mos. Days
uld be	5.	Male White Widowed	Specify) 8. DATE OF BIRTH 9. AGE (In years I Under 1 Year Months Days Hours Min.
n sho		DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS k done during most of working life, even if retired)  Returned music teacher	OR 11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?
IG rmatic leath	13	Jack B Susemill	14. MOTHER'S MAIDEN NAME Christina Hissel
BINDING of inform uses of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)	NO. 17. INFORMANT ADDRESS O WINGS
		18. / 5/1 X . CA	JSE OF DEATH INTERVAL BETWEEN
FO ite		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	with distant metastacis
IN RESERVED ING INK. Ever 1s: please write	RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
MARGIN UNFADING Physicians:	Ш	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ы.	CAL C	19A. DATE OF OPERATION 198. CONDITION FOR WHI	CAUSE OF DEATH, ENTER IN YES NO
. 9	EDI	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	JRY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) et.officebldg.,etc.) INJURY OCCUR?
	Σ	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OF INJ	CURRED 21F, HOW DID INJURY OCCUR?
TE PLAIN especially		22. I hereby certify that I attended the deceased from deceased alive on 12/14, 1953, and that death	occurred at 8:30 P.M., from the causes and on the date stated above.
WRIT e is e		23A. SIGNATURE H. Byerly M	D. University Hope, Baller-1, 976 12/14/1953
团 岛	Z.	4A. BURIAL, CREMA: 24B. DATE ON, REMOVAL (Specify)  Due 17-53  Duid	Ridge Pihewille Med (State)
PLEAS correct	B	OCAL REGISTRAR SIGNATURE	J. Elene - Sons Ruslerstown md



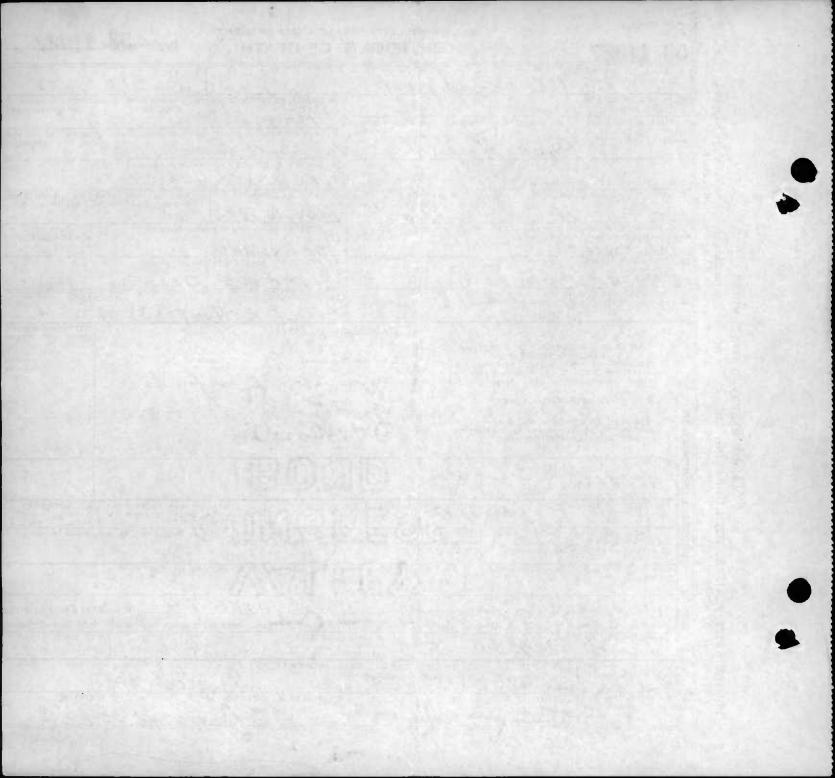
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The	1 5		ORE CITY HEALTH E		egistere <b>5</b> 20 <u>11027</u>
	(3	NAME OF DECEASED Type or Print)  Mas Keziah	Hunt	2. DAT OF DEA	TH DEC 14/53
luppli	A.	. PLACE OF DEATH: . Baltimore City, Maryland . FULL NAME OF (If not in hospital or institution,	A. STATE		eased lived. If institution: residence COUNTY before admission
should be carefully supplied early and legibly.	H	OSPITAL OR St. Agnes Hospi	location) c. CITY		orporate limits, write RURAL and give township
care legibl	C	. Length of stay in Baltimore	Yrs. Mos. Days	T ADDRESS (If rural, giv. 36 H	e location)
uld be	5	F. 6. COLOR OR RACE 7. SINGLE, M. WIDOWED.	ARRIED, B. DATE DIVORCED (Specify)	0	(In years   H Under   Year   H Under 24 Hours   Min
on sho	Mot	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF rk done during most of working life, even if retired)	BUSINESS OR 11. BIRTH	RYLAND	ntry) 12. CITIZEN OF WHAT COUNTRY
IDING information of death cle	13	MOSES BARNES	14. MOTH	HER'S MAIDEN NAME	SNELL
BINDING of inform uses of dea	1: (Ye		SOCIAL SECURITY NO. 17. INFO		ADDRESS
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MA UNF Phys	CER	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		IF OPERATION WAS	S RELATED TO   20, AUTOPSY?
WITH rtant.	CAL	WAS PERFORME  21A. ACCIDENT WAS UNDERLYING 21B. PL.	D	PART I OR PART	I ENTER IN YES NO
0	MEDI	DEATH (NOTIFY MEDICAL EXAMINER)	farm, factory, street, office bldg., etc.)		
AINI ally ii		OF INJURY WHI	INJURY OCCURRED  LE AT NOT WHILE ORK APWORK	1F. HOW DID INJURY OC	CURT
PLEASE WRITE PLAINLY, correct age is especially imp		22. I hereby certify that I attended the dec deceased alive on 14, 1953, and 234 SIGNATURE	eased from te. 2 that death occurred at 4	: 30 Am., from the cause	23. DATE SIGNED
E WI	2	AA. BURIAL, CREMA- ON REMOVAL (Spegify)	NAME OF CEMETERY OR CRE	MATORY 240. LOCATION	(City, town, or county) (State)
PLEAS	4	ATE RECEIVED BY REGISTRAL'S SIGNATURE, OCAL REGISTRAR	100 dence	RAL DIRECTOR	ADDRESS ACTION
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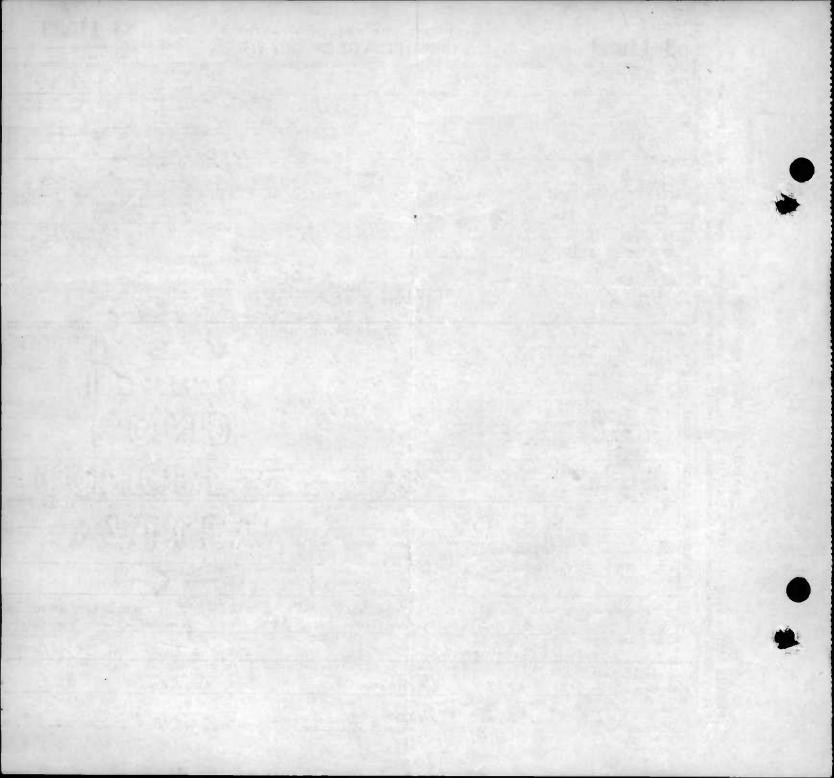


a a	0	FO 11000	TE OF DEATH Registered No.1028				
The	Bi	NAME OF DECEASED	2. DATE				
Ġ.		Type or Print) / (EYER SAM)	ORUSSMAN DEATH 12-13-53				
carefully supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission				
	В.	FULL NAME OF (If not imhospital or institution, give street address	or Ma				
IIIy	IN	OSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and given with the corporate limits, write RURAL and given ship.)				
refu bly.	0	Yrs	D. STREET ADDRESS (If rural, give location)				
cal	c.	Length of stay in Baltimore 40 Des					
should be carefu	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH 9. AGE (In years if Under I Year if Under 24 Hours Min Hours Min Hours Min				
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n shou		DA. USUAL OCCUPATION (Give Lind of IOB. KIND OF BUSINESS OR INDUSTI	, , , , , , , , , , , , , , , , , , , ,				
rion h cl	13	Alluyer VIII Fasials	14. MOTHER'S MAIDEN NAME				
Gma	1	Made	7,00,0				
BINDING of information uses of death cle		5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL s., no or unknown)   (If yes, give war or dates of service)   SECURITY NO	17. INFORMANT ( SEIN   FD ADDRESS,				
of in	(10	(If yes, give war or dates of service) SECURITY NO	Telle Trostman - Jame				
		18. 420 · 1 CAUSE	OF DEATH INTERVAL BETWEE				
FO ite		The last of day					
VED Every	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)						
RVED Ever write							
RESERVED INK. Ever please write	Z	anary arting Discase 6 months					
z B	TIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
ING ING	ICA	(C)					
MARGIN UNFADINC Physicians:	RTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
MA NF	Ш	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	!				
Ht.	AL C	19a. DATE OF OPERATION   19B. CONDITION FOR WHICH WAS PERFORMED	CAUSE OF DEATH, ENTER IN PART I OR PART II YES NO				
ILY, WITH	DIC	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY OR CONTRIBUTING 20USE OF DEATH (NOTIFY MEDICAL EXAMINER)					
LY,	ME	21D, TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCUR	RED 21F, HOW DID INJURY OCCUR?				
PLAINLY ecially imp		OF INJURY WHILE AT NOT WORK AT W	HILE				
-		22. I hereby certify that I attended the deceased from	1/17 ,1953, to 11/13 , 1953, that I last saw th				
TE		deceased alive on 12/13, 1973, and that death occ					
WRITE		23A. SIGNATURE  LESSIBLY  M. D.	23B. ADDRESS L 3 L.O ENDAN / d / 2/1/4/50				
	2/		TERY OB CREMATORY 24D. LOCATION (City, town, or county) (State)				
PLEASE correct a	1	Jurial 12-15-13 Shaaren	, Theore Mallo , mer				
PLE	D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	ADDRESS PORTES				
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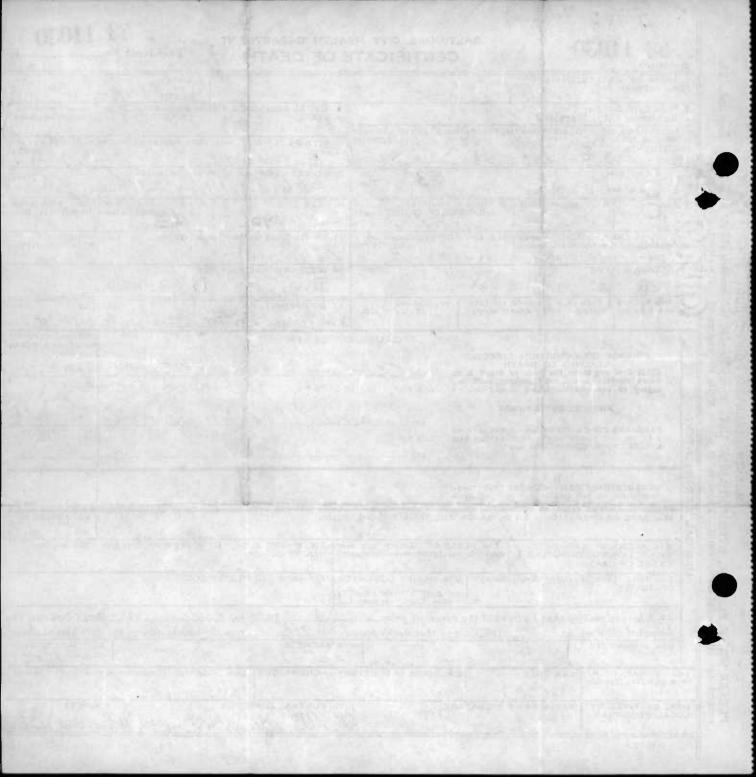
Jan Jane 

	The
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESER	INFADING INK.
	PLEASE WRITE PLAINLY, WITH Correct age is especially important. F

11	t	= 430		the manage of the total of the American
	1	BALTIMORE CITY HE	ALTH DEPARTMENT	53 11029
	5	3 11029 CERTIFICATE	E OF DEATH	Registered No.
		NAME OF DECEASED  ype or Print)  Ama, JELD		2. DATE OF 12/14/53
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	There deceased lived. If Institution: residence  B. COUNTY before admission)
	B. I	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)	Muryland	outside corporate limits, write RUBAL and give
.	IN	STITUTION Hospital	Baltimo	S S township)
101	4	Yrs.	D. STREET ADDRESS	rural, give location)
3		Length of stay in Baltimore 7  SEX   6. COLOR OR RACE   7. SINGLE MARRIED	8. DATE OF BIRTH	9. AGE (In years It Under 1 Year   It Under 24 Hours
3		F WIDOWED, CIVERCED (Specify)		last birthday) Months Days Hours Min.
100	10. work	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12. CITIZEN OF WHAT COUNTRY?
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME
Togar.		Harry Speak.	Ida	
5	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17 NFORMANT	ADDRESS
COCT .			Louis Yeld-	INTERVAL BETWEEN
200		DISEASE OR CONDITION DIRECTLY	OF DEATH	ONSET AND DEATH
Trans.		LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Crema	
2110		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
200	-	ANTECEDENT CAUSES	hetes mel	litus
Jiea	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
	CA	UNDERLYING CONDITION LAST. (C)		
Ciai	RTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Subjection	usure antioscle	natic
3	CER	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	hovosculo/ L	eart disease
1	AL C	19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE O	TION WAS RELATED TO 20, AUTOPSY?  F DEATH, ENTER IN YES NO
I ra	임	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF sbout home, farm, fectory, street, office	e. g., in or 21c. WHERE DID (	If in Baltimore City, give exact location)
Pd III	ME	DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJ	HRY OCCUR?
		OF INJURY  WHILE AT NOT WHILE AT AT WORK AT WORK		
ec.id.		22. I hereby certify that I attended the deceased from 11	9/53 19 , to 16	1953 that I last saw the
dea		deceased alive on 12/13, 1953, and that death occur	rred atm., from the	he causes and on the date stated above.
27		23A. SIGNATURE 2	Suar Hos	pital 23c. DATE SIGNED 12/14/53.
200	2.4 TIC	44. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE		OCATION (City, town, or county) (State)
nazzo	13	durial 12-15-1953 Voseelal	25. FUNERAL DIRECTOR	Bulto. Mel.
50	LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	e - Ala



53 11030 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. 1. NAME OF DECEASED DE LAUL 2. DATE (Type or Print) OF incen DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or av 4 HOSPITAL OR Hospitulgeation) Bon Secours C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2025 W. Fauette 102/40 Yrs. D. STREET ADDRESS (If rural, give location Mos. Kwai c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE AGE (In years If Under 1 Near If Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) on should l Marrica. 10A. USUAL OCCUPATION (Givekiod of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? Newspaper information Marin Vins paper. Saltimore. 015. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Trick onellan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. patrick 300 8. 30th It. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Arterioselevos is DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY ,1953, to 12/13 , 19. that I last saw the 22. I hereby certify that I attended the deceased from LZ . 1952, and that death occurred at 2 deceased alive on 12/13 2 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADORESS 23c. DATE SIGNED 2025W. Fayette St 12/13/53 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C NAME OF CEMETERY DR CREMATORY 2AD. LOCATION (City, town, or county) 248 DATE Baltimore. Burial New Cathedral ADDRESS DATE RECEIVED BY 25, FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

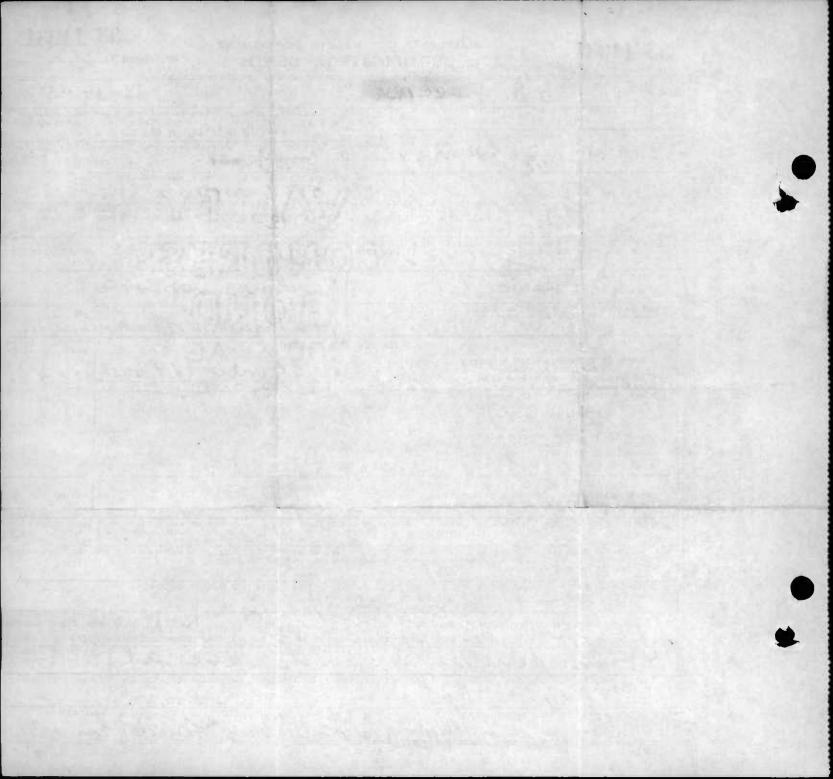


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53	11031

	X		-2777 FALTH DEPARTMENT 53 11031
The	BI	53 11031 BALTIMORE CITY HE CERTIFICATION OF A 100 54 Baby Boy Pacel TSKI	ALIN DELARIMENT
		NAME OF DECEASED B. B. Paceirski	2. DATE OF DEATH 12-14-53
suppli	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, if institution; residence a. STATE Mayyla, B. COUNTY before admission)
fully s		OSPITAL OR Mercy Hospital location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
care	c.	Length of stay in Baltimore Yrs.  Days	517 Lawrence J. LAWRENS
should be carefully supplied.	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12 - 12 - 53  9. AGE (In years If Under 1 Ver last birthday)  9. AGE (In years If Under 1 Ver Months Days Hours Min.
on shou	worl	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
NDING information s of death cle	13	John Percierski	Pauline Lopa42
BINDING of inform uses of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dutes of service)  SECURITY NO.	John Pariorski 5 17 Convence St.
FOR y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	of DEATH  washing (28 week) 25
RESERVED INK. Even please write	TION	DISEASES OR CONDITIONS, IF ANY, GIVING	
ING ins: p	FICAT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
MARGIN H UNFADING Physicians: p	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Fryst	AL	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF DEATH, ENTER IN PART I OR PART II YES NO
0	MEDIC	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (about home, farm, factory, street, office) DEATH (NOTIFY MEDICAL EXAMINER)	a.g., io or bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
AP		OF INJURY  OF INJURY	.E
IE PI		deceased alive on 12-14, 1953, and that death occur	red at 3 2 1953 to 12 - 14, 1953 that I last saw the red at 3 2 m., from the causes and on the date stated above.
WRIT		23A. SIGNATURE Schelles M. D. 2	3 ADDRESS HOSPITOR 33C. DATE SIGNES
PLEASE WRITE PLA		AA. BURIAL, CREMA- ON. REMOVAL (Specify) Burial 12/15/53 New Cathedral	Baltimore, Md.
PLE	0	ATE RECEIVED BY REGISTRAR'S SIGNATURE	10. W. Meals my Done 805 M. Calvert St.

VS 150



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VS 150

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 3. 11033

The	BN	IRTH NO. IU	00		CERTIFICATI	E OI DEA	111			
	I. (T.	NAME OF D	ECEASED Ed	word	Palmer			2. DATE OF DEATH	-10-53	
ld be carefully supplied and legibly.	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or					A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
cully s	HC	OSPITAL OR	Provident	Assp	ital location)		VN (If	outside corporate lin	mits, write RURAL and give township)	
care	c.	Length of	stay in Baltimore		39 yr. Yrs. Mos. Days	D. STREET ADD	7 W.	rural, give location) Mos her	8t.	
uld be	5.	Male	6. COLOR OR RACE	MIDOM	E. MARRIED. WED, DIVORCED (Specify)		900	9. AGE (In years last birthday)  53	Months Days Hours Min.	
on shoul	104 USUAL OCCUPATION (Give kind of work done during most of working life, oven if retired)  108. KIND OF BUSINESS OR INDUSTRY							oreign country)	12. CITIZEN OF WHAT COUNTRY?	
G mati eath	13	Samuel Palmer				14. MOTHER'S MAIDEN NAME				
R BINDIN	15 (Yes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no pr unknown) (If yes, give war or dates of service) SECURITY NO. 2/6-/2-090/				17. INFORMANT		mev-11316	ADDRESS & Frankling St	
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cau	CERTIFICATION	(This does heart failt injury or DISEASE.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  Congettus Heat Jacks  (A)  (B)  DUE TO  (C)							
MAF UNFA Physic		TO THE	GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION	RELATED TO NG IT. 19B, CONDI	TO THE MONE	PERATION PERATION		Ren Thi		
WITH rtant.	SICAL	OR CONTRI	ENT WAS UNDERLY BUTING CAUSE O	OF about	DRMED  B. PLACE OF INJURY ( thome, farm, factory, street, office	(e. g., in or 21C. WH abldg.,etc.) INJURY	PART I	OF DEATH, ENTER OR PART !! (If in Baltimore Cit	YES NO	
VLY, impol	ME	DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY   NOT WHILE AT   NOT W								
WRITE PLAIN ge is especially		22. I hereby certify that I attended the deceased from Nov. 11, 1953, to Sec. 10, 1953, that I last saw the deceased alive on Ore. 1953, and that death occurred at 1:25 1 m., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  M. D.  M. D.  M. D.  22. I hereby certify that I attended the deceased from Nov. 11, 1953, to Sec. 10, 1953, that I last saw the deceased alive on Ore. 1953, and that death occurred at 1:25 1 m., from the causes and on the date stated above.  23A. SIGNATURE  23B. ADDRESS  M. D.  23C. DATE SIGNED								
田成	TIC	4A. BURIAL. ON, REMOVAL (S BURIAL	CREMA 246/DATE Specify) 12/15/5	3	MT. AUBURN CEN	METERY	BALJ	OCATION (City, too		
PLEAS correct	L	ATE RECEIVE	D BY REGISTRAF	R'S SIGNATI	WILLIAM M	CHARLES		PER-512 CAR	ADDRESS ROLLTON AV	

Railes Horper 51 Canocelon al

Iduard Palmer 12-10-53 Marylan 5-Provident Prefitas Per er

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

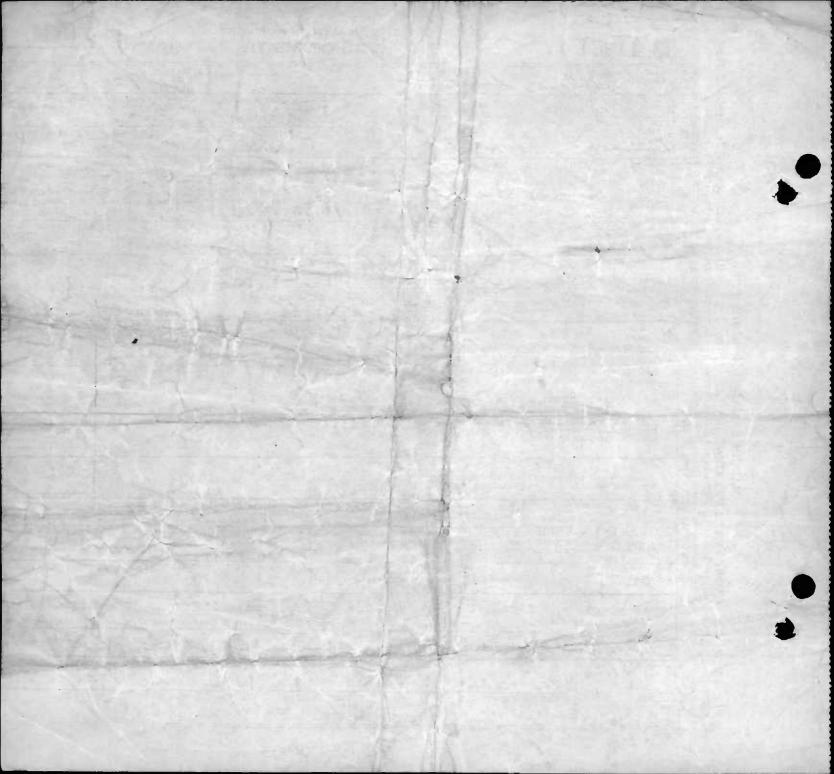
DATE RECEIVED BY

VS 150

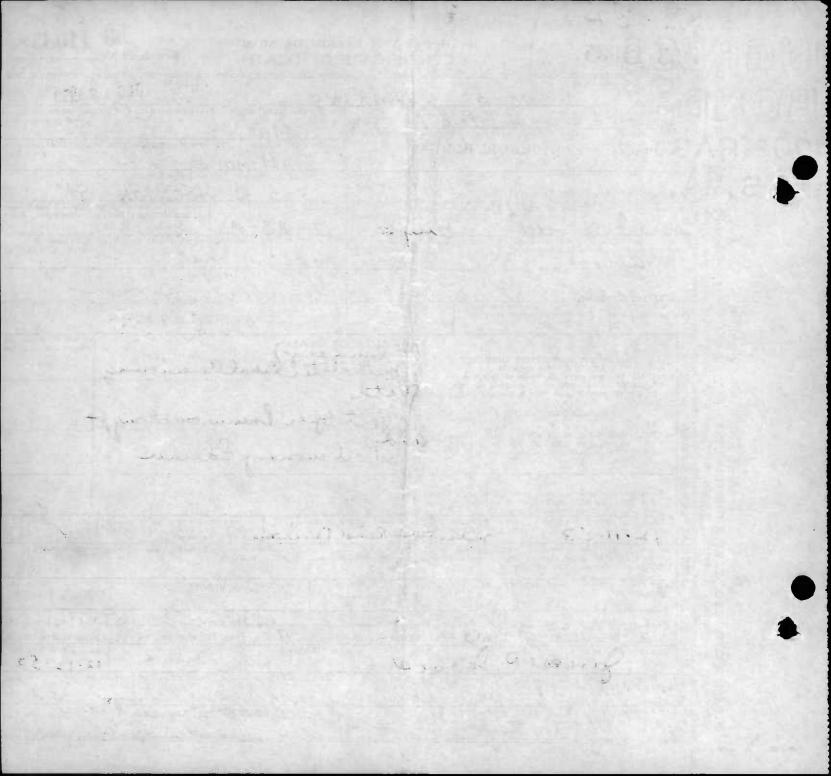
24B. DATE

The	ВІ	53,11034	BALTIMORE CITY HE CERTIFICATE		Registered No	11034
	1. (T;	NAME OF DEGEASED ype or Print) Janline	2. DATE OF DEATH 12-11-53			
upplie	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in	stitution, give street address or	A. STATE	Where deceased lived. If in	stitution : residence before admission)
fully say.		SEPITAL OR STATUTION	location)	Backen	f outside corporate limits,	write RURAL and give township)
care legibl		Length of stay in Baltimore	Yrs. Mos. Days	426 n. 9	rural, give location)	e
uld be	5.		INGLE, MARRIED,	8. DATE OF BIRTH 12/13/1923	9. AGE (In years last birthday) Mont	der i Year ii Under 24 Hours hs Days Hours Min.
n shor	10 work	A. USUAL OCCUPATION (Give kind of doue during flost of working first even if retired)	KIND OF BUSINESS OR INDUSTRY	Balling	foreign country)	2. CITIZEN OF WHAT COUNTRY?
atic	13	FATHER'S NAME	ns	14. MOTHER'S MAIDEN A	PAME	
BINDING of inform uses of dea	WITH UNFADING INK. Every item of information should be carefully supplied. Tortant. Physicians: please write the causes of death clearly and legibly.    Physicians: please write the causes of death clearly and legibly.	. WAS DECEASED EVER IN U. S. ARMED FORC , no or uninown) (If yes, give war or dates of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	ille 426 n.	tent our
WITH UNFADING INK. Every item ortant. Physicians: please write the ca	DICAL CERTIFICA	O WAS P  21A. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour	GTLY  ag, e. g., disease, death.) DUE TO  (B)  GIVING NG THE DUE TO  (C)  TRIBUTING ED TO THE  CONDITION FOR WHICH OP ERFORMED  21B. PLACE OF INJURY (e about home, farm, factory, street, office b	ERATION IF OPER, CAUSE PART I . g., in or 21C. WHERE DID INJURY OCCUR?		20. AUTOPSY? YES NO
TE PLAINLY, especially imp		22. I hereby certify that I attended	m. WHILE AT NOT WHILE AT WORK		12-11 , 1953	that I last saw the
SITE 1		deceased alive on /2 -//, 19 23A. SIGNATURE	33, and that death occur		the causes and on the	

(State) 24c. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or county) ADDRESS 25. FUNERAL DIRECTOR



VS 150 100



(T <sub>2</sub>	NAME OF Cope or Print)	e Coate	6	2. DATE OF DEATH					
3. A.	PLACE OF D Baltimore (	ital or institut	tion, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B. COUNTY bef			nstitution : residence before admission		
HC	SPITAL OR STITUTION	Baltimon 4940 Eas	e City	Hospitals location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and stownships)				
	Length of s	Lif	Days	D. STREET ADDRESS (If rural, give location)  1134 N. Calhoun St17					
	SEX	Negro	WIDOV	E. MARRIED. VED DIVORCED (Specify Dgle	Feb. 19,		9. AGE (In years line) Monday	Under 1 Year   H Under 24 Hou nths Days   Hours Mir	
10 work	OA. USUAL OCCUPATION (Give kind of two kinds) OF BUSINESS OR IXIOUSTRY				11. BIRTHPLACE (State or foreign country)  Y  Md. 12. CITIZEN OF WHAT COU!				
13. FATHER'S NAME Charles Coates				14. MOTHER'S MAIDEN NAME  Beulah Buchanan					
15 (Yes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or ooknowo) (If yes, give war or dates of service) SECURITY NO.				B. C. H. records, 4940 Eastern Ave.				
RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						2wks.?		
CER	DISEASE OF CONDITION CAUSING IT							o I 20. AUTOPSY?	
CAL	21A. ACCID	ENT WAS UNDERL	WAS PERFO		(e. g., io or 21c. Wh	PART I	OF DEATH, ENTER IS OR PART II (If in Baltimore City,	YES NO	
	DEATH (NOTIFY MEDICAL EXAMINER)  2 1D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT   NOT WHILE								
MEDIC	21D. TIME				LE	W DID IN.	JURY OCCUR?		

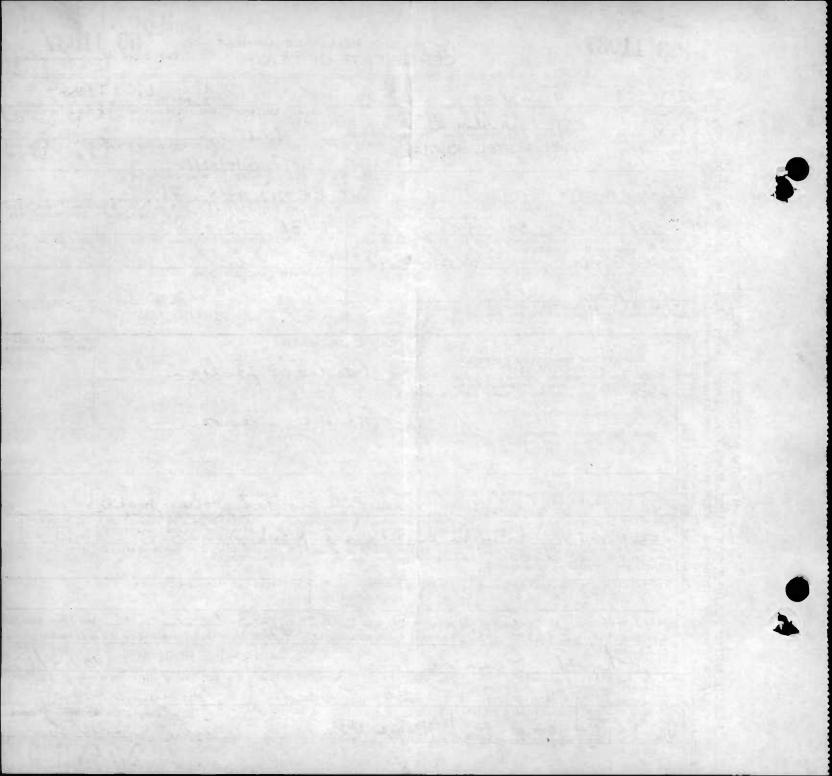
and not and the BILL O MORE THE STATE OF THE STATE OF . See Land of the Build PI- 12 substict .T ACTS TO PARTIE BASELES SHOULD STORY OF SHORE STORY . Albi de de de la constanta d 18 C. S. P. A. City Supplement and Supplemental Land The second second TA TTA HE COME TO DE 

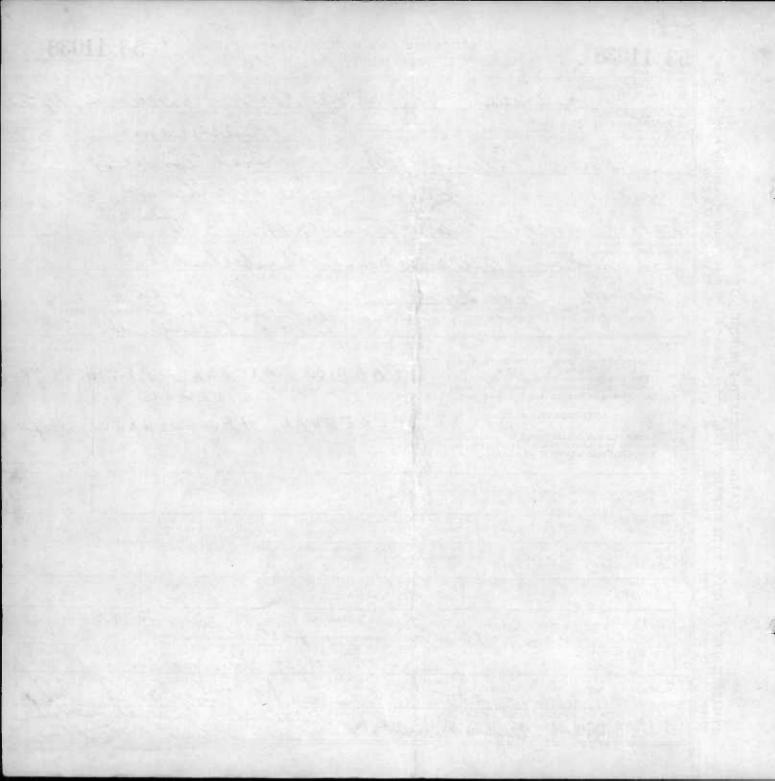
# BALTIMORE CITY HEALTH DEPARTMENT

53 11037
Registered No.

o l	39 1100.	CERTIFICATE OF DE	EATH Registered No	)
The	BIRTH NO.			
	1. NAME OF DECEASED (Type or Print)	1 00	2. DATE DEC 1 3	3 1953
lied	3. PLACE OF DEATH:	Lee 11 4. USUAL F	DEATH RESIDENCE (Where deceased lived, If in	stitution : residence
ddı	A. Baltimore City, Maryland 13, U.L.	A. STATE	B. COUNTY	before admission
ns		ution, give street address or location) C. CITY OR	TOWN (If outside corporate limits,	write RURAL and giv
. IIIy	HOSPITAL OR JOHNS HOPKINS	HOSPITAL	T = 121/1/1/2	township
efu		Yrs. D. STREET	ADDRESS (If rural, give location)	
car	c. Length of stay in Baltimore	Mos. Days Sex	IINAHY AUS.	5 500
R BINDING em of information should be carefully supplied causes of death clearly and legibly.	5. SEX   6. COLOR OR RACE   7. SING	LE, MARRIED.   8. DATE OF	BIRTH 9. AGE (In years # U	nder I Year   If Under 24 Hours
	male colored V	OWED, DIVORCED (Specify)	0-73   So month	ths Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of 10B KI			2. CITIZEN OF
	work done during most of working life, even if retired)	INDUSTRY	Water head	WHAT COUNTRY
	13. FATHERIS NAME	14. MOTHER	S MAIDEN NAME	
	John Vee	1 40	and calast	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES		ANT.	DRESS
	(Yes, no or tyknown) (If yes, give war or dates of service)	SECURITY NO.	ATTHUS HOPKINS HOSPITAT	
	18. 421.1	CAUSE OF DEATH		INTERVAL BETWEEN
FOR y item	DISEASE OR CONDITION DIRECTL	Υ	1 . 1	ONSET AND DEATH
F(	(This does not mean the mode of dying,	/ 4 4	faclure	
	heart failure, asthonia, etc. It means the disc injury or complication which caused de	ase,		
RESERVED INK. Ever please write			_	
K. K.	ANTECEDENT CAUSES	(B) Clorkie	Stenoses	
RESEI INK.	DISEASES OR CONDITIONS, IF ANY, GIV	ING THE DUE TO		
25:	UNDERLYING CONDITION LAST.	(C)		
GID	0			
MARGIN UNFADING Physicians:	DISEASES OR CONDITIONS, IF ANY, GIVER STATE OF THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRITOR TO THE DEATH BUT NOT RELATED	BUTING		
M			takectory supl	e
	19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	IF OPERATION WAS RELATED TO	20. AUTOPSY?
WITH rtant.	4 Dec 11, 1953 = 1 (2004)	in prostatic hyperpla	CAUSE OF DEATH, ENTER IN	YES NO
rta	2 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	1B. PHACE OF INJURY (e. s.! In or 21c. out home, farm, factory, street, office bldg., etc.) INJU	WHERE DID (If in Baltimore City, g	ive exact location)
Y,	DEATH (NOTIFY MEDICAL EXAMINER)			
TE PLAINLY, WITH	210 TIME (Month) (Day) (Year) (Hour) OF INJURY		HOW DID INJURY OCCUR?	
AI	m.	WHILE AT NOT WHILE AT WORK	The state of the s	
PL	22. I hereby certify that I attended to	re deceased from 11-12-	, 1953to 12-13-, 1953	that I last saw th
Esp	deceased alive on 2-13- 195	3 and that death occurred at 135	Pm., from the causes and on the	
WRITE e is esp	234 SIGNATURE	23B. ADDRESS	NS HOPKINS HOSPITAL	23C. DATE SIGNED
age i	frutt. The	M. D.		12/13/53
	TION REMOVAL (Specify)	24C. NAME OF COMETERY OR CREMA	ATORY   240. LOCATION (City, town, o	or county) (State)
EAS	Daniel Nec. 16, 1930	Wr. Murak	; Jourson	In
4 5	DATE RECEIVED BY   REGISTRAR'S SIGNA	TURE 25. FUNERA	LAPRECTOR! unu	AUDRES

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ALLER.	please	
OTT TTTTT	ly important. Physicians: please write the causes of death clearly and legistration.	
11 1 1 1 1	ortant.	
67	y impo	
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DING	nform	of de
BIN	of i	nses
FOR	/ item	the ca
SVED	Ever	write
RESE	INK.	please
MARGIN RESERVED FOR BINDING	PLEASE WRITE LAILY, WITH UNFADING INK. Every item of inform	hysicians:
	WITH U	rtant. I
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	LAL	ocially
	TE	esp
	WR.	3 18
	国	age
	PLEAS	correct

F.626	
53 11039  BALTIMORE CITY HEALTH DE CERTIFICATE OF DE	
1. NAME OF DECEASED (Type or Print) Celementina C. Frazier	2. DATE     OF
	RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
HOSPITAL OR location c. CITY OR	township)
Yrs. Mos. Mos.	timore Address (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF	BIRTH  9. AGE (In years   H Under I Year   H Under 24 Hours   Months Days   Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL 10A. USUAL OCCUPATION (Give kind of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPL 11. BIRTHPL 12. Balti	ACE (State or foreign country)  MORE Md.   12. CITIZEN OF WHAT COUNTRY?  U.S.A.
	abelle ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, uo or unknown) (If yes, give war or dates of service) NO NONE 16. SOCIAL SECURITY NO. NONE NONE NATE OF MARGAR	ant address et Colburn 1433 William St.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  (A)  DUE TO	Occlusion Drain
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO C
	ERE DID (If in Baltimore City, give exact location) OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE

21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR?

, 1950, to\_ , 1952, that I last saw the

22. I hereby ecrtify that I attended the deceased from. 12. 19 13. and that death occurred at 6:13 m., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE

23B. ADDRESS

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Burial

DATE RECEIVED BY

VS 150

WORK

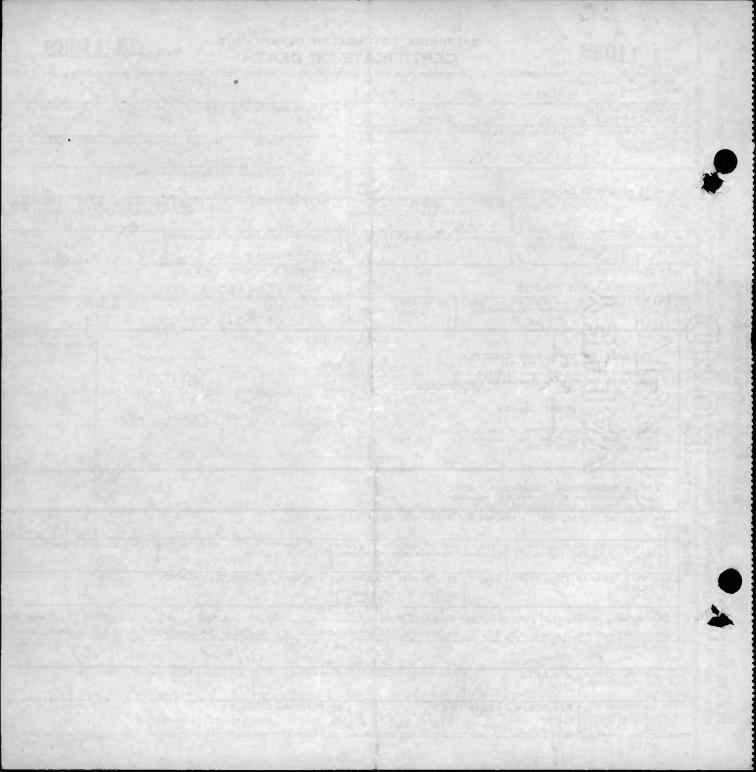
24C. NAME OF CEMETERY OR CREMATORY

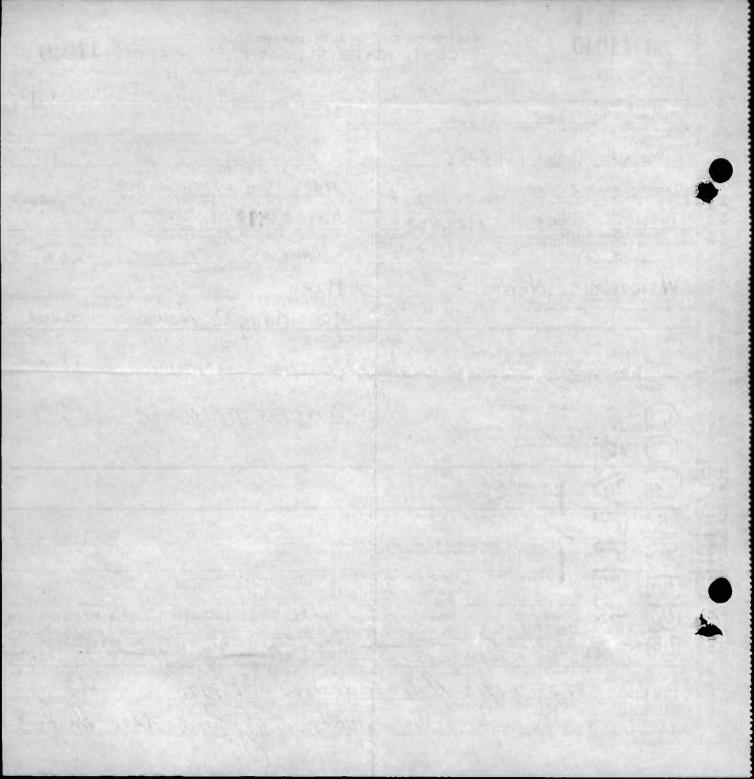
AT WORK

240. LOCATION (City, town, or county)

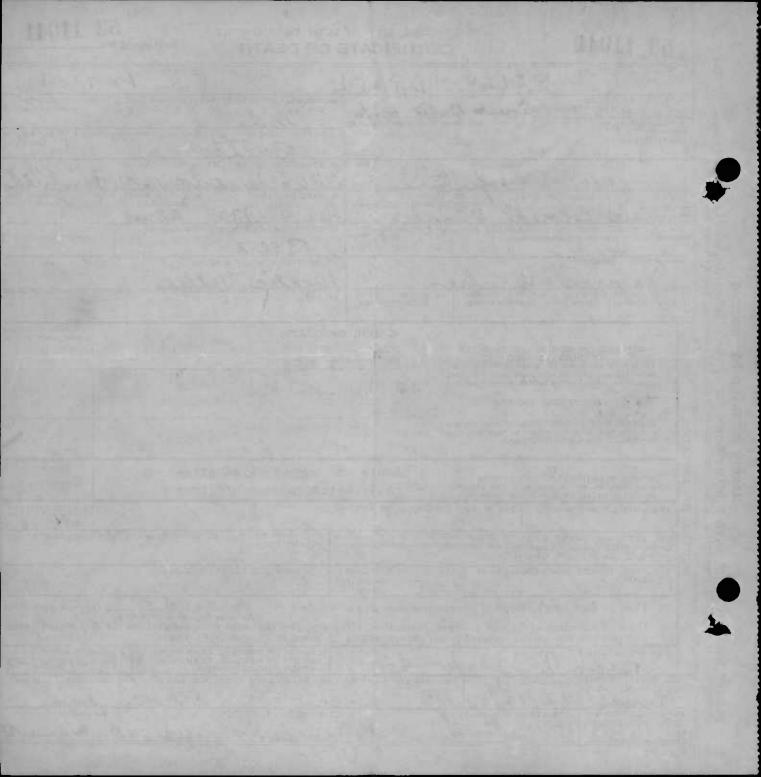
Frederick Ave Balto Md Dec.16.1953 Park Cemetery 25 FUNERAL HOME 12165 CHARLES S REGISTRAR'S SIGNATURE

LOCAL REGISTRAR





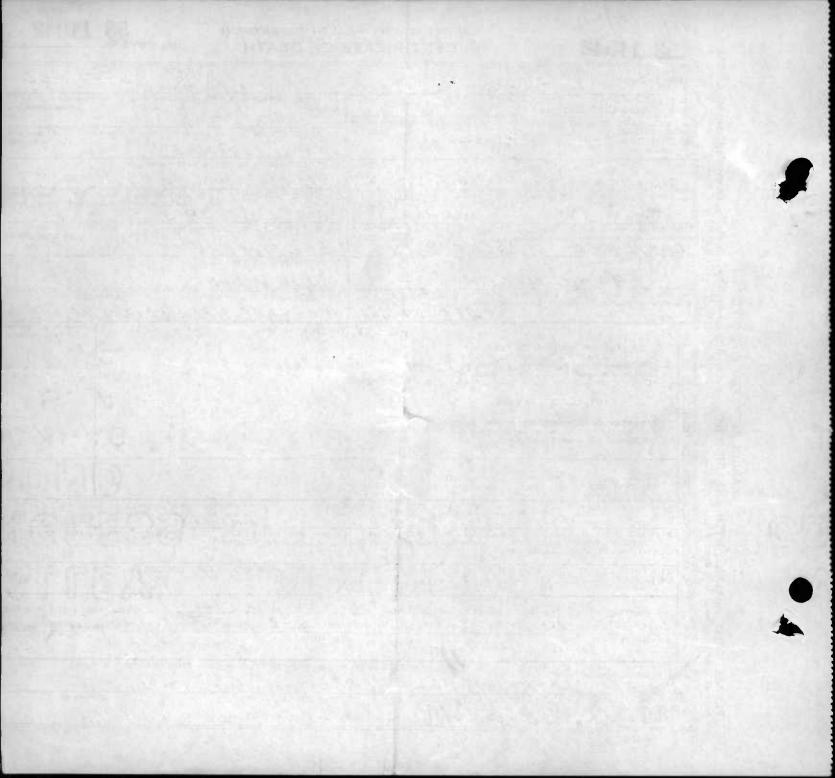
E	53 11041	BALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered N	3 11041
1	. NAME OF DECEASED Type or Print)  SALL	Y DRAK	E	2. DATE OF DEATH /2	-12-53
1	Baltimore City, Marylan South		4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution: residence before admission
F	n. FULL NAME OF the first in hospital or ins HOSPITAL OR NSTITUTION	stitution, give street addless or location)		outside corporate limits	, write RURAL and give township
.   -	933	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	7 . 1 . 0
		NGLE. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	Boder 1 Year A Under 24 Hours oths: Days Hours: Min.
7	emale Colored S	OOWED, DIVORCED (Specify)	Dec. 4.1930	23400	
W-O	rk done during most of working life, even if retired)	INDUSTRY		reign country,	12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME	lac	14. MOTHER'S MAIDEN NA	NE .	MARKE
	(If yes, give war or dates of services no or unknown)		17. INFORMANT	AC	DRESS
	18. 581.1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the mode of dying	Daylanana	ry edema		
	heart failure, asthenia, etc. It means the cinjury or complication which caused	lisease,		***************************************	***************************************
7	ANTECEDENT CAUSES	(B)	***************************************		
ATION	DISEASES OR CONDITIONS, IF ANY, IRISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	IG THE DUE TO			Terline II
SE SE	11	Acute a	and chronic alcoho		
ERTI	TO THE DISEASE OR CONDITION CAUSI	Fatty m	etamorphosis of l		
AL C	19a. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	ATION		YES NO
EDIC	UNDERLYING OR CONTRIB. about b	PLACE OF INJURY (e. g., in nome, farm, factory, street, office bldg., e	n or 21c. WHERE DID (Inter.) INJURY OCCUR?	f in Baltimore City, gi	ve exact location)
Σ	OF INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I certify that I took charge of			nspection or Inquiry	thereon and from
	the evidence obtained by said A and death in my opinion result	Autopsy, Inspection or I ed from: natural causes	nquiry, find that said de	ceased died on the $\square$ , homicide $\square$ , un	idetermined [].
	Caseph A.	himagh M	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E .D. MEDICAL INVESTIGATE	XAMINER	L-1273
Z TI	4A. AURIAL. CRIMA- 24B. DATE ON HYMOVAL (Specify) 12/16/5	3 MX. Cali	RY OR CREMATORY 24D. LC	CATION (City, town, o	or county) (State)
101	ATE RECEIVED BY COCAL REGISTRAR'S SIGN		25. FUNERAL DIRECTOR	2,40,00	ADDRESS
1	S 151	Vehicality, my	ames assa	yes 638	1. Telmon
		V	15 4619		



je Je	BALTIMORE CITY HIS CERTIFICAT	E OF DEATH  Registered No.  Registered No.
d. The	1. NAME OF DECEASED (Type or Print) FRANK NOLAN.	2. DATE OF DEATH 12. 13. 1958.
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
	HOSPITAL OR INSTITUTION Sinai Hospital location)	
caret	c. Length of stay in Baltimore  Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location)
should be carefully and legibly.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	
NDING information shoul s of death clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  CARPENTER  GEN-GOBBING	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
IG rmatio leath	FAANK NOLAN	14. MOTHER'S MAIDEN NAME
BINDING of inform	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) (SECURITY NO.	17. INFORMANT ADDRESS MARGARE NOLAN GIBN.CHESTERS
JIN RESERVED FOR BIN JING INK. Every item of inns: please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	of DEATH  te Myocardial inferd  diac failure
MARGIN I UNFADING Physicians: p	other significant conditions contributing TO THE DEATH BUT NOT RELATED TO THE	
hri	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	CAUSE OF DEATH, ENTER IN PART I OR PART II
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OF CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	
AINL.	2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  OF INJURY  NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK	ILE RK
ITE PLAINLY,	22. I hereby certify that I attended the deceased from De deceased alive on Dec. 13, 1953 and that death occu	erred at 2 Pm., from the causes and on the date stated about
PLEASE WRITE correct age is est	23A. SIGNATURE Morris M. Goldberg M.D.	23B. ADDRESS Since Hospital Balta 23C. DATE SIGNE 12. 13. 13.  ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State
PLEASE correct a	TION DEMONIAL (Frankley)	DEEN BIR BALTO. C. IND  25. FUNERAL DIRECTOR ADDRESS
PL	DATE RECEIVED BY REGISTRAR'S SIGNATURE,	FR.CVACH SON 900 NI-CHESTER STS

51024

VS 150



11.650	
	HEALTH DEPARTMENT 53 11043
53 11043 CERTIFICAT	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Mary E. Moran	2. DATE OF DEC. 13/53
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Defore admission)
B. FULL NAME OF (If not in hospital or institution, give street address hospital OR	
INSTITUTION 354 S. Smallwood St	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore <b>Life</b> Yrs.  Mos Day.	3525 R/ Pavette St
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific Female)	Sept. 3,1884  9. AGE (In years lit Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  When the work of working life, even if retired to the work done during most of working life, even if retired to the working life, even if re	11. BIRTHPLACE (State or foreign country)  Balto. Id. Birthplace (State or foreign country)  Balto. Id. Birthplace (State or foreign country)
13. FATHER'S NAME  John Dannenfelser	14. MOTHER'S MAIDEN NAME Mary C.Knight
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Wm. L.Moran, 354 S.Smallwood St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	Medustrol Carcina Interval Between onset and Death
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
. 19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OP	ERATION   20. AUTOPSY?
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bld	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY  m. WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WORK	
22. I hereby certify that I attended the deceased from	, 19 53 to 12 13, that I last saw the urred at 7 A m., from the causes and on the date stated above.  238. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CRENA-TION, REMOVAL (Specify) Burial

Lorraine Pk.

24D. LOCATION (City, town, or county)

17 53

Woodlawn, Balto. 7, Md.

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DRECTOR

ADDRESS

Edmondson Avo.

the Camera Continue of the State of the Stat WARRENT O SETTING HE ASSISTED FOR ALL STATES OF . The design of the selection of the sel

RESERVED FOR BINDING INK. Every item of information should be carefully supplied. The clease write the causes of death clearly and legibly.	1.	NAME OF D	ECEASED DO DO	T E, Thank	E OF DEATH	53 1104 Registered No. 1104	2		
		PLACE OF D		1 - 1 1 1 1 1 1 1 1 1	4. USUAL RESIDENCE (V	Vhere deceased lived, If institution:  B. COUNTY before	residence re admission)		
	B. f	FULL NAME SPITAL OR		al or institution, give street address o	M	BALTO, C, tu			
ılly	IN:	STITUTION	Simi +	OSR-	C. CITY OR TOWN (II	outside corporate limits, write RUI	township)		
RESERVED FOR BINDING INK. Every item of information should be please write the causes of death clearly and l	1	Yrs.			D. STREET ADDRESS (If	rural, give location)			
		Length of stay in Baltimore Mos. Days				hester			
	5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH Dec. 7, 1900	9. AGE (In years last birthday) Months Days	li Under 24 Haars Hours Min.		
			CUPATION (Give kind of of working life, aven if retired)	10B. KIND OF BUSINESS OR INDUSTR	Greenbrier Cour	WHAT	EN OF COUNTRY?		
	13.	FATHER'S			14. MOTHER'S MAIDEN N				
		Abraham			Lydia Hanna				
	15. (Yes,	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give wer or dates of service)		FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
	-	18. / 7/		CAUGE	OF DEATH	237 S. Chester St.	AL BETWEEN		
	ICATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	FANY, GIVING STATING THE DUE TO	noma of Th	se Cervix			
MARGIN UNFADING Physicians:	ERTIFI	TO THE	II INIFICANT CONDITIONS DEATH BUT NOT F	RELATED TO THE					
н.	AL C		F OPERATION 11	98. CONDITION FOR WHICH O	CAUSE	TION WAS RELATED TO 20. AU	NO D		
ILY, WITH important.	1EDIC,	OR CONTRIE	ENT WAS UNDERLYIBUTING CAUSE OF		(e. g., in or 21c. WHERE DID		location)		
AINL Illy im	2	21d. TIME ( OF INJURY	Month) (Day) (Year)	(Hour) 21E. INJURY OCCURF WHILE AT NOT WH WORK AT WO	ILE	JURY OCCUR?			
TE PLAINLY, especially imp		22. I hereb		ended the deceased from 11.	1953, to 1953, to 1950, from t	he causes and on the date st	ist saw the		
FE Pl		accousett a			23B. ADDRESS	1 220 DA	arou acove.		
WRITE Pl		23A. SIGNA	TURE D	miles M.D.	Smai Hosp.	121	SIGNED		
ASE WRITE Plect age is especi	The state of the s		CREMAN 248, DATE	hadden	Smai Hosa.	OCATION (City, town, or count)			
RI	PA DA	23A. SIGNA	CREMA 24B, DATE Specif 24B, DATE Specif 24B, DATE REGISTRAN	53 SUNISTENSIS	Smai Hosp.	121	SIGNED		
PLEASE WRITE PI	PA DA Lo	BURIAL, REMOVAL (S	CREMA 24B, DATE Specif 24B, DATE Specif 24B, DATE REGISTRAN	53 Seursbur	ERY OR CREMATORY 249	OCATION (City, town, or count)	SIGNED		

32/11/28/ Tall Town Last refre transfer ASHUD & PEC STATE OF THE PARTY Gargerizes Curcinomercia CARCINGING OF THE CRUIS EAT +17 21 CE 906 P 71/11 Bent Lord colored the server

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	(T	NAME OF I		Roseti	a Cofield			field	O 1473 1 1 1	12-12		
upplie	Α.		City, Maryland OF (If not in hos		give street address	A. ST			ere deceased lived B. COUNTY			residence e admission)
ully s	HC	SPITAL OR STITUTION	Baltimore (		iona Mc		Y OR TOWN Baltin		tside comporate li	imits wr	ite RUR	township)
caref	c.	Length of	stay in Baltimore	5days?	Yr: Mo Da:	S.			rette St.		23	
and la		sex Female	6.COLOR OR RAC		ARRIED, ), DIVORCED (Spec		8-189	COLUMN TO SE	Jast birthday)	If Under Months	Days 1	H Under 24 Hours Hours Min.
learly	10 work	USUAL O	CCUPATION (Give kine of working life, went in etir	lof 108. KIND O	F BUSINESS OR	DV	h Caroli		ign country)	J 12.	CITIZE	N OF COUNTRY?
eath c	13. FATHER'S NAME Warren Gilliam  14. MOTHER'S MAIDEN NAME Loving ?						161					
of information should be carefully supplied uses of death clearly and legibly.	15 (Yes	. WAS DECEAS	SED EVER IN U. S. ARM	MED FORCES? 1	6. SOCIAL SECURITY NO		FORMANT	4940 1 imore	Eastern Av	repor Itals	ESS	
		18. 446 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			CAUSE OF DEATH			ONSET	AND DEATH			
Every item write the cau		heart fail	is does not mean the mode of dying, e.g., tfailure, asthenia, etc. It means the disease, by or complication which caused death.)			em1a	***************************************	*******	***************************************		10da;	<b>78</b> (
INK. I	Z	DISEASE	ANTECEDENT CA		(B)Ar	terios	eriosclerotic nephrosclerosis				************	********************
	CATION	RISE TO	THE ABOVE CAUSE (	A) STATING THE	(C)				•		••••	
UNFADING Physicians:	ERTIFIC	TO THE	GNIFICANT CONDITIO DEATH BUT NOT OR CONDITION CAUS:	RELATED TO		nchopr	neumonia					
H	AL C		OF OPERATION	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	ON FOR WHICH	OPERATIO	C		ON WAS RELATE DEATH, ENTER PART II	R IN	20. AU	TOPSY?
ILY, WITH important.	EDICA	OR CONTRI	ENT WAS UNDERLE BUTING CAUSE	OF about hom	LACE OF INJURY e, farm, factory, street, or	(e.g., in or flice bldg., etc.)	21c. WHER INJURY OC		in Baltimore C	ity, give	exact 1	ocation)
LAINLY ally imp	Σ	21d. TIME OF INJURY	(Month) (Day) (Yes	W		RRED	21F. HOW	טנאו סוס	RY OCCUR?			
7.00	1					-			3.0	10		

INTERVAL BETWEEN 10days ? sis 20. AUTOPSY? LATED TO NTER IN NO X re City, give exact location) 153, that I last saw the 22. I hereby certify that I attended the deceased from 12-7deceased alive on 12-12- 19 53 and that death occurre 19 53, and that death occurred at 9.454 m., from the causes and on the date stated above. 23c. DATE SIGNED 238. ADDRESS 4940 Eastern Ave. ,Baltimore,Md NERAL DIRECTOR

DATE RECEIVED BY LOCAL REGISTRAR VS 150

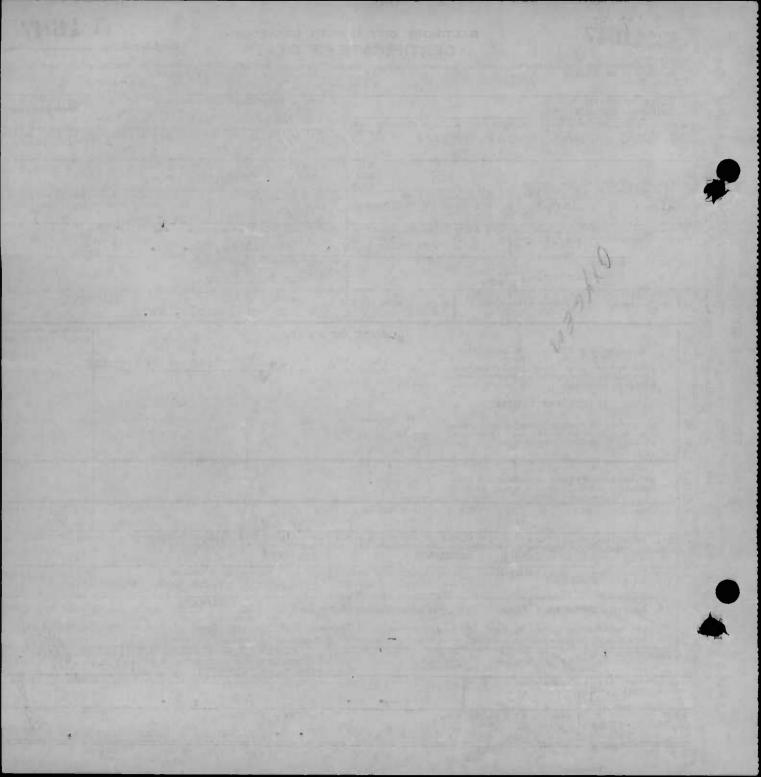
deceased alive on\_

BURIAL, CREMA-REMOVAL (Specify)

23A. SIGNATURE

See query reply in Document file. E-CLIFT PMM A TO WEST WARRING WAR GRIMES E 11046 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give carefully INSTITUTION JOHNS HOPKINS HOSPITAL legibly. Yrs. (If rural, give location) Mos c. Length of stay in Baltimore Days information should be 9. ALE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED it Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours! Min. male 10A. USUAL OCCUPATION (Give kind of 11. BIF 10B. KIND OF EUSINESS OR foreign country) work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? none 13. FATHER MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO causes 200 JOHNS HOPKINS HOSPITAL of INTERVAL BETWEEN 18. 754.4 Every item write the cau CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 101 DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WITH WAS PERFORMED CAUSE OF OEATH, ENTER IN important. PART I OR PART II EDIC/ 21A. ACCIDENT WAS UNDERLYING ... 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg, etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY, 210 TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY especially NOT WHILE AT WORK WORK . 19**53**. to\_ 12-9 1953, that I last saw the 12-4 22. I hereby certify that I attended the deceased from\_ WRITE 2-9 19 53, and that death occurred at \_m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED HOPKINS HOSPITAL 27 24c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMA-PLEASE DATE RECEIVED BY REGISTRAR'S **EUNERAL DIRECTOR** VS 150

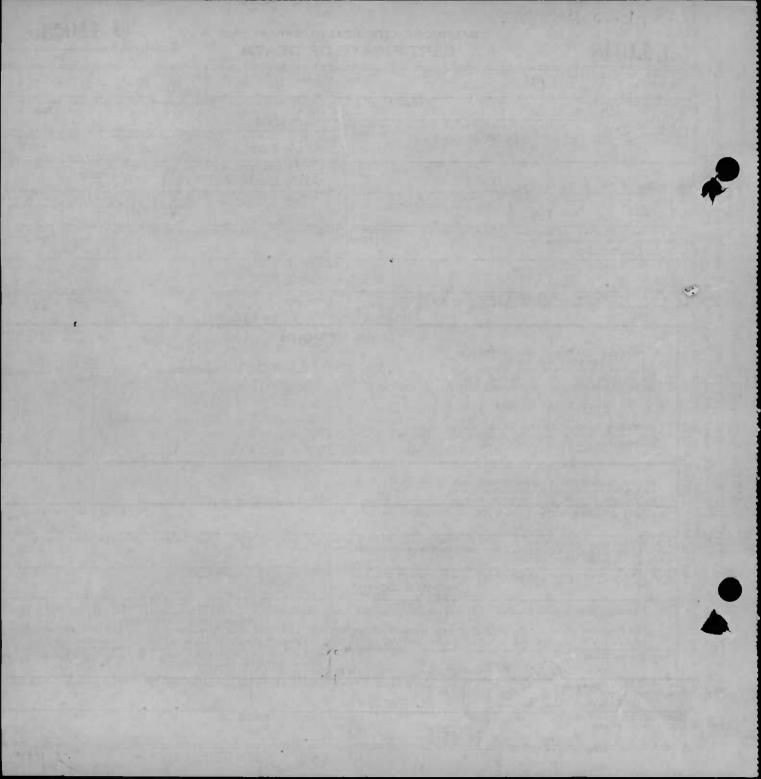
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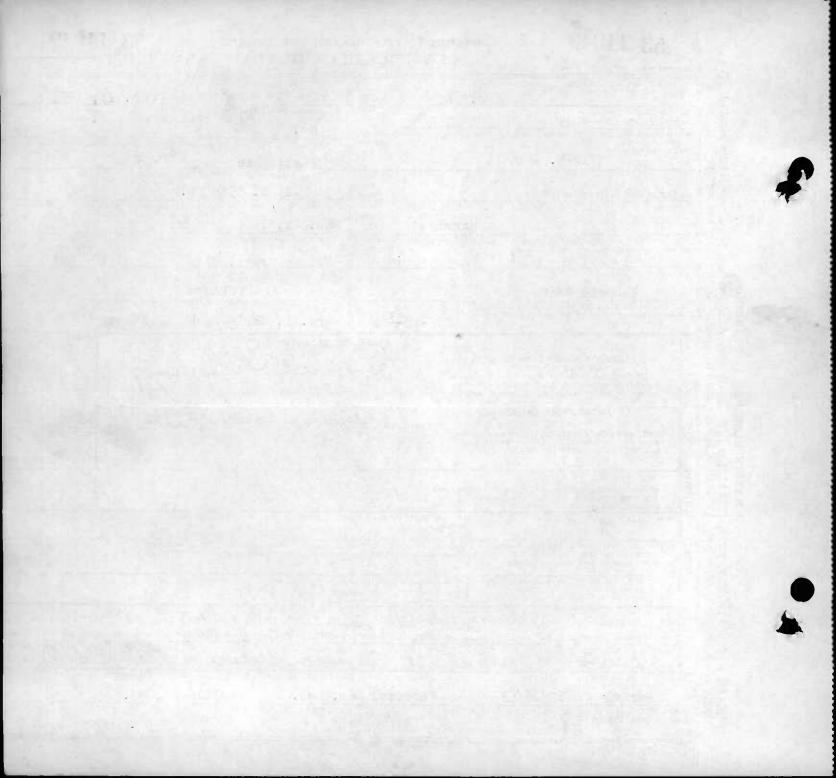
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53 11049

	03 J.	LOGO	DAI	CERTIFICA	TE OF	DEATH		Registered	No_	
1.	NAME OF DE pe or Print)		NTV T	DECV			2	OF DEATH Dec	13	. 1953
	PLACE OF DE		NK J.	DECK	A. STA	TE	CE (Wher			tution: residence before admission
B. F	FULL NAME OF SPITAL OR STITUTION	OF (If not in hospit		tion, give street addres locati	5 01	id.	(If out	side corporate lin	nits, wi	rite RURAL and giv
1		712 E. 35th	st	V	D. STF	Baltimor		J- 0	)	
c.	Length of st	ay in Baltimore		M		713 E.				
5.	SEX M	6. COLOR OR RACE	WIDOV	e, married, ved, divorced (Spe rried	cifv)	. 21, 188		last birthday)	H under	
10/	done during most o	CUPATION (Give kind of f working life, even if retired)		D OF BUSINESS OF	11. BIF	RTHPLACE (St	ite or foreig		12.	CITIZEN OF WHAT COUNTRY USA
13.	FATHER'S N	ical Engineer	r Con	struction		idge Cree			1	OOR
	Leopold Beck					Unknow	m			
15 (Yes	WAS DECEASE no or unknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL 212-10-3551		FORMANT 5. I. Mar	ie Bec	k Abo	ADDF ve	RESS
RTIFICATION	DISEASES RISE TO T UNDERLY	OR CONDITIONS, IN THE ABOVE CAUSE (A) ING CONDITION LA	F ANY, GIVI STATING T AST.	(C)	ine	y A	suf	hein	/	5 yr -
L CE	DISEASE OR CONDITION CAUSING IT.				OPERATIO	CAUSE OF				20. AUTOPSY?
EDICA	V 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY			Y (e. g., in or office bldg., etc.)	21c. WHERE			ty, giv	c exact location)	
Σ	21D. TIME ( OF INJURY	Month) (Day) (Year	(Hour)	21E, INJURY OCCU	WHILE WORK	21F. HOW E	ID INJUF	RY OCCUR?		(
	22. I hereb		tended the	1	him	949 m.,	to Ale		n the	hat I last saw t date stated about 23c. JATE SIGNE
24	AA. BURIAL,	car he	Vari	24C. NAME OF CEN	890	o alla	24D. LOC	ATION (City, to		18/15/53 -
TIC	N. REMOVAL (S Buria		53	Moreland				imore, Md		/
	ATE RECEIVE		'S SIGNAT	URE	25. FU	UNERAL DIRE	CTOR	Λ		DDRESS



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## BALTIMORE CITY HEALTH DEPARTMENT

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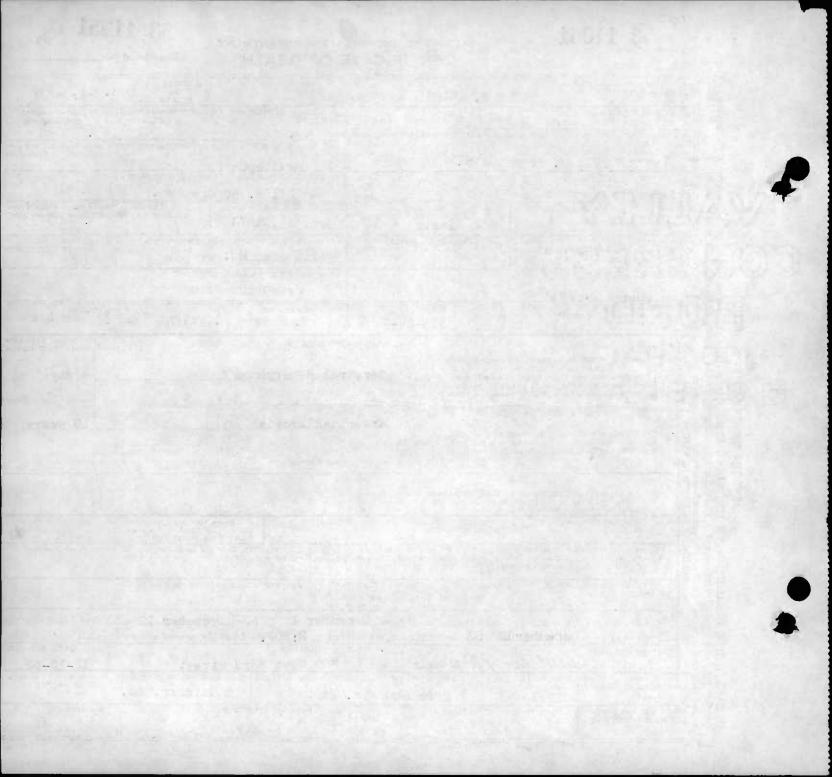
The	ВІ	IRTH NO. CERTIF	FICATE OF DEATH Registered No.	
		NAME OF DECEASED Cliver Roduces	Hiteslew 2. DATE 0F 12-13-53	
supplied.	A.	PLACE OF DEATH: 29(7) Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission and the state of t	on!
ly s	H	OSPITAL OR NSTITUTION 76.2	location) C. CITY OR TOWN (If outside corpora)e limits, write RURAL and g	
5	c.	. Length of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days  2917 OAKHILL AVE	
and be	5.	6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCE	8. DATE OF BIRTH 9. AGE (In years) # Under I Year   M Under 24 Ho	in.
n should learly ar	TO WOT	DA. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINES to done during most of working life, even if retried)  Have Elect	SS OR NOUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	?Y
information s of death cl	13	Oliver Millon Hitas	lew mared segaloose	
infor	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURIT	17 INFORMANT	K
tem of		18. 331X DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	TI-
Every item write the cau		LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Cerebral Keworkage fines	7
		injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	Herpertension 20 yrs	7
NG INK.	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	diterio oclerosio	••••
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UN Phy	CE			
WITH rtant.	AL	19a. DATE OF OPERATION 19g. MAJOR FINDINGS (	OF OPERATION 20. AUTOPSY? YES NO	X
Y, WITH	MEDIC	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, farm, factory, street,		
A ully in	-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK	OCCURRED 21F. HOW DID INJURY OCCUR?  NOT WHILE AT WORK	
Id al		22. I hereby certify that I attended the deceased from deceased alive on 11-3-5, 15, and that dea	rom 1-1-40, 19, to 62-13-539 that I last saw t	
WRIT e is e		23A, SIGNATURE Hauper	M. D. 23B. ADDRESS  M. D. 526 Hurren Bak Care 12/14/5	_
PLEASE WR.	TI-	4A. BURIAL, CREMA- ON, REMOVAL (Specify)  BURIAL  1 17/53  WOOD LAN	F CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State	e)
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS  Non Director Sous De Ballo MA	
	וני	ECV 8/1553	5545E	

53-11050 neighbors saw Mr. Steleshew tendiling his fire (furnace) at 7 P.M. on 12-13-53- Police came to have me see him at 6.25°P.M. on 12/14/53 Regor Mortis had set in some harry before I sow him - so death had account sometime between 7 P.M. on. 2/13/53 and 6 P.M. 12/14/53 when the police went wito He was liging paone in a Rall way this kome. between diving from + bothroom - a level sevel amount of blood was hardened on the floor beweath his nose. Sn. M. Lafferty)
The medical investigator (Sn. M. Lafferty)
with whom I spoke - authorized my regime the death certificate Hitharpes

53 11051

j	U	-	ساهد	~	9	

The	ВІ	RTH NO.		BAI	CERTIFICA	E OF DEA	ATH	Registe	red No.		
	1. (T	NAME OF DECEAS		E T. W	RIGHT			2. DATE OF DEATH	Dec.	13,	1953
ıpplie	Α.	PLACE OF DEATH: Baltimore City, I	Maryland	1 1 11		A. STATE	SIDENCE (W	here deceased liv B. COUNT	red. If ins	titution : befo	residence re admission)
VDING information should be carefully supplied. s of death clearly and legibly.	H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION  2211 W. Rogers Ave.				c, CITY OR TO	own (If	outside corporate	e limits, w	rite RU	RAL and give township)
caref					Yrs Mos	D. STREET AD	DRESS (If )	rural, give location	on)		
be of	-	Length of stay in SEX   6.CO	LOR OR RACE	7. SINGL	Day E. MARRIED.	8. DATE OF B	W. Roge	9. AGE (In yes	ars H Und	lei 1 Year	If Under 24 Hours
ould y an		F	W	S	PED DIVORCED (Speci- ingle	Dec. 15,		79			Hours Min.
n she	wor]	10A. USUAL OCCUPATION (Give kind of work dnue during most of working life, even if retired) Home 10B. KIND OF BUSINESS OR INDUSTRY			Baltimor		reign country)	12	USA	EN OF COUNTRY?	
atio	13	FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
NG dea		John T.	Wright				phine Tr				
R BINDING em of inform causes of des	11 -	s, no or unknown) (If )	R IN U.S. ARMEE	FORCES?	16. SOCIAL SECURITY NO 215-09-0767	A Mr. Ho	ward P.	Wright 29	919 E	ress rdman	Ave
MARGIN RESERVED FOR I UNFADING INK. Every item Physicians: please write the cau	ERTIFICATION	CThis does not m heart failure, asti injury or compl  ANTE  DISEASES OR C RISE TO THE AB- UNDERLYING O	nenia, etc. It mea ication which c CEDENT CAUSE CONDITIONS, II OVE CAUSE (A) CONDITION LA	F ANY, GIVIN STATING TIST.  CONTRIBUTED TO THE TELESTATE	(B) Arte	bral Hemor	is		***************	10	ays years
H .	AL C	19a. DATE OF OPE	RATION 1		TION FOR WHICH	OPERATION	CAUSE O	TION WAS RELA		20. AI	UTOPSY?
ILY, WITH important.	EDIC/	21A. ACCIDENT WOR CONTRIBUTIN DEATH (NOTIFY MI	G CAUSE OF	about	PLACE OF INJURY home, farm, factory, street, off	(e. g., in or 21C. W	HERE DID (	R PART II  If in Baltimore	City, gi		
AINL.	Σ	21d TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY WHILE AT NOT WH m. WORK AT WOR			HILE	OW DID INJ	URY OCCUR?				
PLEASE WRITE PLAINLY, correct age is especially impo		deceased alive of	athu Athu	1219.53,	deceased from Deand that death occurred M.D.	urred at 2:30 238. ADDRESS 800 West	Pm., from the 33rd St	he causes and	on the	date st 23c. DA	ated above. TE SIGNED 15-53
ASE set ag	TI	4A. BURIAL, CREMA ON REMOVAL (Specify Burial	12/16/5		Moreland Mer			timore, M		county)	(State)
PLEAS		ATE RECEIVED BY	REGISTRAR	S SIGNATI	JRE	25. FUNERAL	,	10	1	DDRES	0



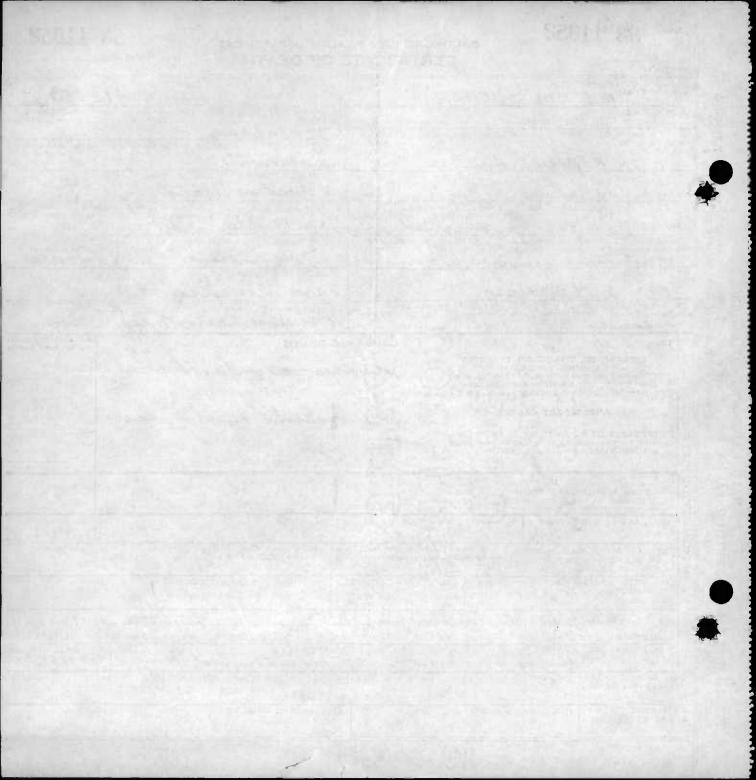
MARGIN RESERVED FOR BINDING

	H- 258011052
ĺ	BIRTH NO.
	1. NAME OF DECEASED (Type or Print) MR. WI
l	3. PLACE OF DEATH: A. Baltimore City, Marylan
	B. FULL NAME OF (If not in HOSPITAL OR INSTITUTION
	UNION MEMORI
	Hut
ĺ	c. Length of stay in Baltin
١	5. SEX 6. COLOR OR
ı	M
ı	10A. USUAL OCCUPATION (Giv

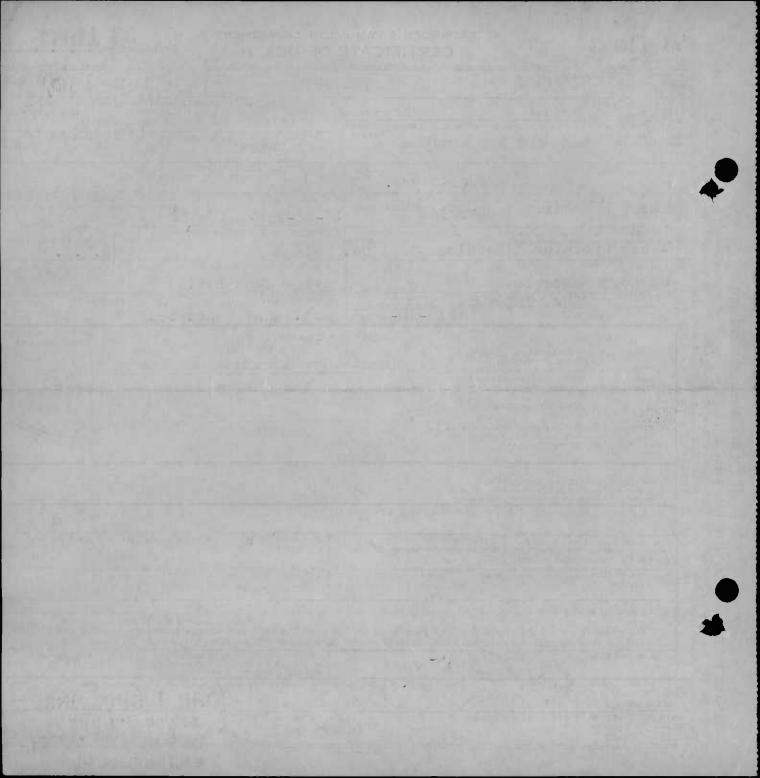
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

/	53	11052
Registe	red No_	

В	BIRTH NO.							
	1. NAME OF DECEASED (Type or Print) MR. WILSON! HAIG  2. DATE OF DEATH 12/13/53							
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY before admission)						
В.	FULL NAME OF (If not in hospital or institution, give street address or							
	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
	UNION MEMORIAL HOSPITAL	dutheralle						
4	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)						
	Length of stay in Baltimore Days	2 Garden Road						
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) Il Under I Year Il Under 24 hours last hirthday) Months; Days Hours; Min.						
	M W married	Jan. 19 1896 57						
	DA. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR k done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	mantenana Engineer NESTERNELEC CO.	new Jersey america						
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Mr. arthur Haig	mrs. alice selkirk						
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
,	whenown (IT yes, give war or dates of service) SECURITY NO.	Mrs. Ale Laura Haig same						
CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	of DEATH  cardial infarction  solution  Reart disease						
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION.						
AL	198. MAJOR FINDINGS OF OPER	20. AUTOPSY?						
MEDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., i about home, farm, factory, street, office bldg., c	n or   21c. WHERE DID (If in Baltimore City, give exact location)						
~	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?						
	OF INJURY  WHILE AT NOT WHILE AT WORK  AT WORK							
	22. I hereby certify that I attended the deceased from 12	1/53 10 1/2/19/53 10 1/471						
	deceased alive on 12/13/53, 19, and that death occur	1/53 19, to 12/13/53, 19, that I last saw the						
		red at 11 m., from the causes and on the date stated above. 38. ADDRESS 23C. DATE SIGNED						
	Hugh on Brown M. D.	Union nemouse Hoop. 12/13/53						
2.		RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
	BURIAL IN/17/53 PARKNOOD CE.	METERY BALTO. MD.						
	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	NM J. TIGEN & SONS INC. BALTO MA.						
	VS 150 Hatington Williams, My?	T&33M						



11/	5-04				A11. 49			
E	2 110	52	BALTIMORE CITY HE		r 53 Registered No	11053		
B	53 11053 CERTIFICATE OF DEATH Registered No.							
1.	NAME OF D	ECEASED FRANK	BAN	ICENICZ	2. DATE OF 12-14-	53		
3.	PLACE OF D	EATH:		4. USUAL RESIDENCE A. STATE	(Where deceased lived. If in			
	FULL NAME	City, Maryland	al or institution, give street address or	Manual and	B. COUNTY	before admission		
H	OSPITAL OR ISTITUTION		City Hospitals location)		If outside corporate limits,	write RURAL and give township		
C	Length of s	ott, in Dansanioro	About 40 yrs. Mos. Days	D. STREET ADDRESS (	If rural, give location) Drive Road	[300		
5	Mal.e	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) WIS IT 100	8. DATE OF BIRTH 10-23-1897	9. AGE (In years) If United the last birthday) Mont	der I Year   II Under 24 Hours hs Days Hours Min.		
		CUPATION (Give kind of parking life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY			2. CITIZEN OF WHAT COUNTRY		
		Operator	Bethlem Steel Co.	Poland		.S.A.		
13	3. FATHER'S			14. MOTHER'S MAIDEN	NAME			
_		y Bancewicz		Agnes Kuczyn	nski			
(Y	5. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	of service) 16. SOCIAL SECURITY NO.	Mrs. Anna Ba		DRESS		
	18. 11/1	2 4	CAUSE	OF DEATH		INTERVAL BETWEEN		
	(This does	LEADING TO DEA's not mean the mode ore, asthenia, etc. It mes	TH of dying, e. g., ons the disease.  (A) Hyperte	ensive Cardiovaso	cular Disease	ONSEL AND DEATH		
		ANTECEDENT CAUS	SES					
Z	DISEASE	S OR CONDITIONS, I	(B)					
Ö	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.							
Y-	(C)							
ERTIFICATION	TRIBUTING	II  BIGNIFICANT CONDI  B TO THE OEATH, BUT  ISEASE OR CONDITION	NOT RELATED					
0			98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
1						YES X NO		
EDICAL	UNDERLYIN	NAL CAUSE WAS G  OR CONTRIB- CAUSE OF DEATH.	218. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, giv	re exact location)		
Σ	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?			
	22. I certify that I took charge of the remains described above, held an autopsy thereon and from							
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated abov and death in my opinion resulted from: natural causes \( \mathbb{I} \), accident \( \mathbb{I} \), suicide \( \mathbb{I} \), homicide \( \mathbb{I} \), undetermined \( \mathbb{I} \).							
	23A. SIGNA	TURE B	Fasher	238. CHIEF MEDICAL ASSISTANT MEDICAL	L EXAMINER	PATE SIGNED		
	4A. BURIAL.		240 NAME OF CEMETE	RY OR CREMATORY 240	OCATION (City, town, or	County) (State)		
	ATE RECEIVE	D BY   REGISTRAR'	S SIGNATURE	29. FUNERAL, DIRECTO	FUNERAL H	OMI		
V	S 151		0 15	133A	BALTIMORE 24	, MD;		



Registered No. 110.54 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATE 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTA A. Baltimore City, Maryland A. STAT B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, write RURAL and give C. CITY OF carefully INSTITUTION JOHNS HOPKINS HOSPITAL legibly. (If rural, give location) Yrs. ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED 9. AGE (In years) last birthday) Months; Days Hours Min. WIDOWED, DIVORCED (Spec pluods 10A. USUAL OCCUPATION (Givekindof) 10B. KIND NESS OR 11. BIRTHPLACE (State or foreign country) earl work done during most of working life, even if retired) INDUSTRY information s of death cle austrice 13. FATHER'S 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO em of in Every item write the cau 18.462 FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN (C) .... 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WITH WAS PERFORMED important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially WHILE AT NOT WHILE! AT WORK WORK 195310 12-14-22. I hereby certify that I attended the deceased from 1 2 -12-1953, and that death occurred at 200 WRITE deceased dive on 23A. S. GNATUR 23B. ADDRESS HOPKINS HOSPITAL

PLEASE

IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? . 1953 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATOR (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150

thefore admission)

1 Under 1 Year

12. CITIZEN OF

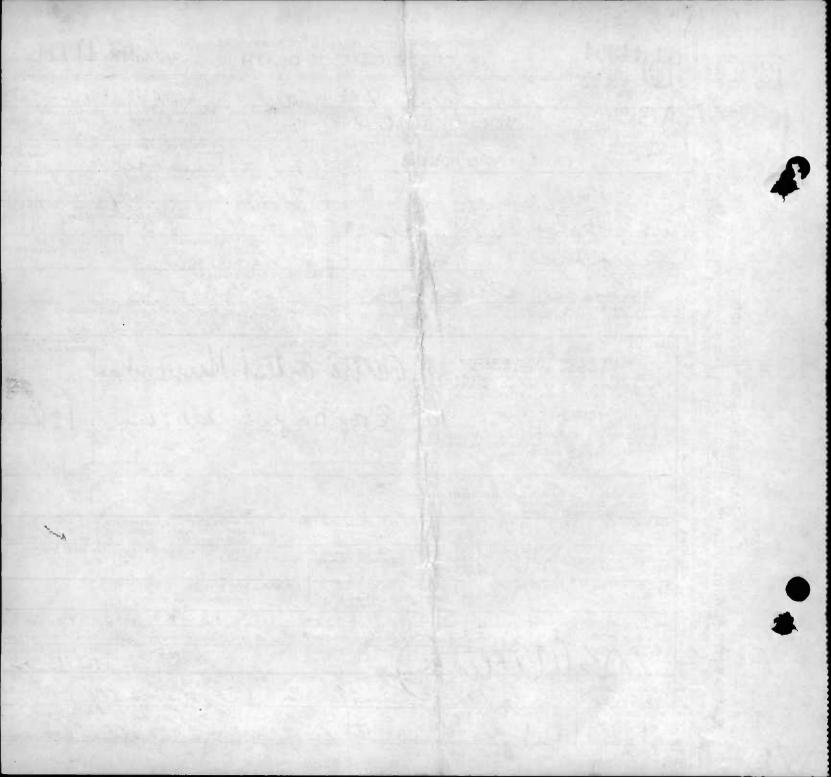
township)

Il Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

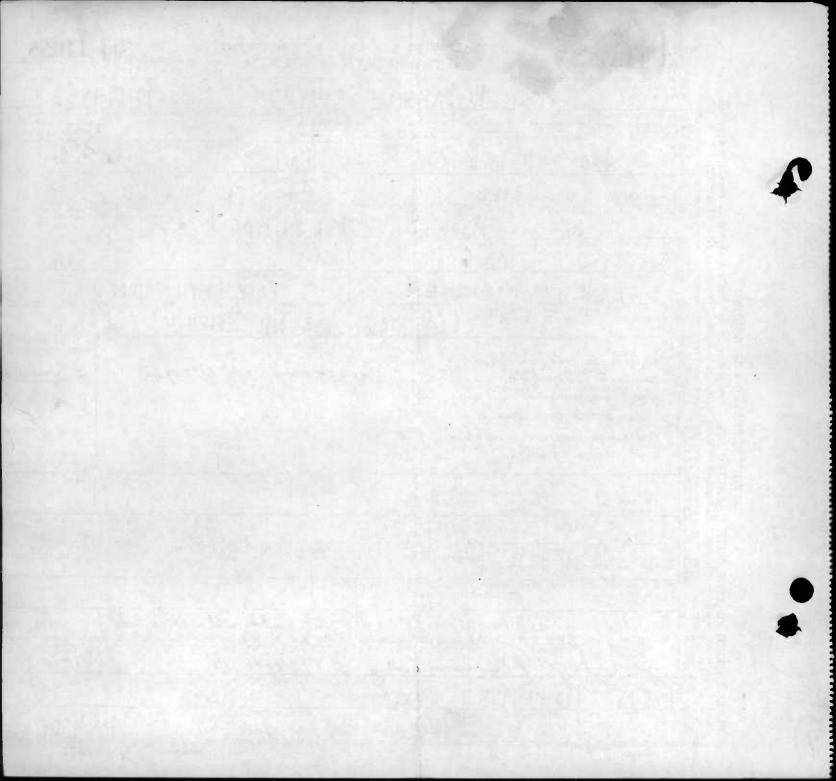


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A more		6	3	
2788	4	-		

# BALTIMORE CITY HEALTH DEPARTMENT

	50	11	OFF
Registered	20	TT	055
Registered	TA 6		

		3 11055 CERTIFICAT	E OF DEATH	Registered No	11022
		NAME OF DECEASED MARIE ELIZABETH	SEIBERT	2. DATE OF DEATH 14-14-	1953
	A. ]	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address o	A. STATE	(Where deceased lived, If insti B. COUNTY	itution : residence before admission)
	HO	DSPITAL OR STITUTION 4405 OLD YORK RO.		(If outside corporate limits, wi	rite RURAL and give township)
	c	Length of stay in Baltimore LIFE Yrs. Mos. Days	4405 NI	If rural, give location)  ORK RD.	
	5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify	FEB 24, 1901	9. AGE (In years     Under     Months	a l Year   I Under 24 Heurs s Days Hours Min.
		A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)  SEUING	11. BIRTHPLACE (State of	foreign country)   12.	CITIZEN OF WHAT COUNTRY?
	13.	ERNEST MCKINNEY	14. MOTHER'S MAIDEN	BETH MILLEET	2
	15. (Yes,	(If yes, give war or dates of service)  (If yes, give war or dates of service)	17 INFORMANT ME RETHUES	EIBERT ADDE	BOVE
		18. / 7 / Y . CAUSE	OF DEATH		INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY	. //	n. +	4/ 4
		LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	cinoma left	() reas!	#/ x months
		injury or complication which caused death.) DUE TO			
		ANTECEDENT CAUSES			THE WAR
2	NOL	DISEASES OR CONDITIONS, IF ANY, GIVING			
4	FA	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.			HITS. IN
2	2	(C)			
	RTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
	B.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
3	AL	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH C	CAUSE	OF OEATH, ENTER IN	20. AUTOPSY?
Por rea	EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., in or 21C. WHERE DII ce bldg., etc.)	? (If in Baltimore City, giv	e exact location)
13 41	Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY WHILE AT NOT WHORK AT WO	HILE	NJURY OCCUR?	ć
Cial		22 I hereby certify that I attended the deceased from	(ar. 23 1053, to	Dec. 14 , 1953, 1	hat I last saw the
des		deceased alive on Dec 14 1953, and that death occa	urred at 1 P. m., from	n the causes and on the	date stated above.
2		23A. SIGNATURE	5111 Youk		VISISIGNED
10 10 10	24	4A BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET		LOCATION (City, town, or	
	TIC	ON REMOVAL (Specify) 12-17-1953 OAKIAWI	1 9	ALTO.	MO.
narro		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTO	R C A	DDRESS OL O
5		UEU 1 51851 Huntington Volligues.	HEW JENKINS	JONS (0.490	2 JOKKKE
		VS 150	146		



1.500 52 44056

VS 150

# BALTIMORE CITY HEALTH DEPARTMENT

53 11056

-	RTH NO.	CERTIFICAT	E OF DEA	TH Registered No.				
1.	NAME OF DECEASED	BERT KUE	HNE	2. DATE OF DEC. 14	1953			
	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	DENCE (Where deceased lived, If institut	on: residence pefore admission)			
H	FULL NAME OF (If not in hospital or institut DSFITAL OR STITUTION 4442 WRENWOO	DO AVE.	c, CITY OR TOV	UTO 27-1	RURAL and give township)			
c.	Length of stay in Baltimore 73	RS Mos.	4.4.4	12 WRENWOOD AVE				
5.		E, MARRIED, XED, DIXORCED (Specif	8. DATE OF BIR	70 9. AGE (In years of Under I Years last birthday) Months Da				
Worl	A. USUAL OCCUPATION (Give kind of 10B. KINI done during most of working life, even if retired)	OF BUSINESS OR INDUSTR			TIZEN OF			
13	HUGO G. KUEHNE		14. MOTHER'S	ERINE DIFTRICH				
15 (Ye	was DECEASED EVER IN U.S. ARMED FORCES? n, no or unknown) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO.	17. INFORMANT	FT A KUPHNE AP	BOVE			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diseas injury or complication which caused death	E., (A) ar	OF DEATH Trusteler		ERVAL BETWEEN SET AND DEATH			
7	ANTECEDENT CAUSES  Childre Permusaling least failure							
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVII RISE TO THE ABDVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	NG		<i>\</i>				
ERTIF	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.							
AL O	19a. DATE OF OPERATION   19b. COND   WAS PERFO	ITION FOR WHICH ( DRMED	OPERATION	IF OPERATION WAS RELATED TO 20. CAUSE DF DEATH, ENTER IN PART I DR PART II YES	AUTOPSY?			
1EDICA		B. PLACE OF INJURY bome, farm, factory, street, offi		HERE DID (If in Baltimore City, give ex OCCUR?	act location)			
2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCUR WHILE AT NOT W WORK AT WO		W DID INJURY OCCUR?	(			
	22. I hereby certify that I attended the deceased alive on	deceased from and that death oce	Grune 19	45 to Ver 14, 195, that m., from the causes and on the date	I last saw the stated above.			
	23A. SIGNATURE	M. D.	23B. ADDRESS	Orderay doc 12	15/53			
2 T1	4A. BURIAL, CREMA 24B. DATE ON, REMOVAL (Specify)	24C, NAME OF CEMET	PARK	BALTO.	MD.			
	ATE RECEIVED BY REGISTRAR'S SIGNAT	William	25 FUNERAL D	INS SONS CO 4905	DRV RD			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

DR. L.B. STEVENS 3400 ERUMAN AVE



19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 15 OPERATION WAS RELATED TO 20. AUTOPSY WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH. ENTER IN YES NO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH. (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH. ENTER IN YES NO 1NJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH. ENTER IN YES NO 21B. WHERE DID (If in Baitimore City, give exact location 1NJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED AT WORK 21B. HOW DID INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE AT WORK 21B. HOW DID INJURY OCCUR?  22B. ADDRESS 23B. ADDRESS 23B. ADDRESS 23B. ADDRESS 23B. ADDRESS 23B. DATE SIGN	BIRTH NO. 100    BIRTH NO. 100   Company   Com	ADDRESS WHAT COUNT  APED TO 20. AUTOPSY ITER IN YES NO e City, give exact iocation  123c. DATE Sign  ATED TO 25c. AUTOPSY TER IN YES NO e City, give exact iocation  (State County)  (State County)  (State County)  (State County)
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See query reply in Document file.

N821.1

-	1 - 1							52	44000
	53 11	1058	ВА		HEALTH DEPARTI		Registere	d No.	11058
	BIRTH NO.			CERTIFICA	TE OF BEATI				
	1. NAME OF D (Type or Print)	ECEASED	ORRIS	C.	DAVIS	2	OF 12-	-14-53	3
		City, Maryland			4. USUAL RESIDE	ENCE (When	B. COUNTY		tution : residence before admission
	HOSPITAL OR			tion, give street address location		(If out	side corporate li	imits, wri	ite RURAL and giv
	INSTITUTION	Baltimore	CI Cy Ho:	sprears	Baltimore	е	20	- 0	township
1	c. Length of s	tay in Baltimor		Yr. Mo Da	s. 2728 t. t				
1000	5.sex Male	6.COLOR DR RAG	CE 7. SINGL	E. MARRIED.	8. DATE OF BIRTH		AGE (In years last birthday)	Months	Days Hours Min
	ork done during most	CUPATION (Give kir of working life, even if teti oping Clerk	red) Fide	of Business or inpust	11. BIRTHPLACE (S	State or forei	gn country)		CITIZEN OF WHAT COUNTRY
-	13. FATHER'S				14. MOTHER'S MA		E		
-	Yes, no or unknown)	ED EVER IN U. S. AR	MED FORCES?	16. SOCIAL SECURITY NO	17. INFORMANT		28 W. Bal	ADDRI	ESS Street
-	no	1 0							INTERVAL BETWEE
	-	SE OR CONDITION	N DIRECTIA		E OF DEATH				ONSET AND DEAT
		LEADING TO D	EATH	Lipo	id pneumonia				
	heart fail	ure, asthenia, etc. It complication which	means the disea	ise,					
H		ANTECEDENT C	AUSES						
12	DISEASE	S OR CONDITION	S, IF ANY, GIV	(B)	••••••	***********	***************************************		*************************
Ī	RISE TO .	THE ABOVE CAUSE YING CONDITION	(A) STATING T	THE DUE TO					
3	5			(C)					
MOIT A DIRITE	OTHER S	SIGNIFICANT CO	UT NOT RELAT	red Plac	ture, rt. femi	ur, Apr	il 1953		
li C		DISEASE OR CONDIT		R FINDINGS OF OF	PERATION				20. AUTOPSY?
	J	7	1		1 210 WHERE D	VD /75 :-	n Baltimore Cit		YES NO
1401010	UNDERLYIN	NAL CAUSE WAS IG XI OR CONTR CAUSE OF DEA	B- nbout home	ACE OF INJURY (e. farm, factory, street, office blo	g., in or 21c. WHERE D INJURY OCCUPATION INJURY OCCUPATION IN 12130 His	R7		26/3	
2		(Month) (Day) (Ye	ear) (Hour)	21E. INJURY OCCU	RRED 21F. HOW DID	ס אאטראו	CCUR? Fell	l from	n ladder
1	April		m.	WORK AT WOR	k ∟'  While pa				
					d above, held an	Autopsy, Insp	pection or Inqui	iry	ereon and from
	and de	eath in my opini	by said Aut on resulted	opsy, Inspection of from: natural cau	r Inquiry, find that ses $\Box$ , accident $\overline{\mathbf{x}}$ ,	suicide 🗆	, homicide 🗌	], undet	termined [].
	23A SIGNA	eph a	Jail	rismo de	238 CHIEF ME ASSISTANT ME M.D. MEDICAL INVE	EDICAL EXA	AMINER	Dec.	15, 1953
	24A. BURIAL. TION, REMOVAL (S DUTIAL	Syecify) 12/17/	4/	Loudon Park	TERY OR CREMATORY Cemetery		MOre,		Maryland
	DATE RECEIVE		AR'S SIGNAT		25. FUNERAL DIR	ECTOR	1217		aul Street
=	V C 161	18211	9				•		

is here'll

CCG-170896 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE 12-13-53 James Homer (Type or Print) OF DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give st HOSPITAL OR Baltimore City Hospitals (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN carefully INSTITUTION Baltimore 4940 Eastern. Ave o. STREET ADDRESS (If rural, give location) Yrs. Mos. 1209 W. Baltimore, St Zone 40 yrs c. Length of stay in Baltimore Days 9. AGE (in years | f Under 1 Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. on should be 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify Sept. 13. 66 yrs Male 1887 White Widow 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)
Ret. Caretaker INDUSTRY information s s of death cle Private Farms West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Homer Moore 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. (Yes, no or unknown) B. C. H. 4940 Eastern, Ave (records) em of in CAUSE OF DEATH 422.1 item DISEASE OR CONDITION DIRECTLY Every ite Pulmonary Emphysema LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED WITH PART I OR PART II important, 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING [] CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) Ш PLAINLY 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT especially AT WORK WORK 6-3-53 , 19\_\_, to 12-13 22. I hereby certify that I attended the deceased from. WRITE deceased alive on 12-13 23A. SIGNATURE 3

He gramme UL

12/16/53

24B DATE

age

PLEASE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

burial

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

Arteriosclerotic Cardio-Vascular Disease IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN NO X 21c. WHERE DID (If in Baltimore City, give exact location) , 19.53 that I last saw the 19 53, and that death occurred at 1:15pm., from the causes and on the date stated above. 238. ADDRESS 4940 Eastern, Ave Balto. Md 23c. DATE SIGNED 12-13-53 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Cedar Hill Cemetery Anne Arundel County, Md. 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE mc. 1217 St. Paul Street

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

TEST . Transit A SHED SHEET STORY THE TANK HE towns of the state Take the second of the second Education of the state of the s

5-660

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11060 egistered No.

	BII	TH NO.	100		CERTIFICATI	E OF DEATH	Registered	No				
4	1.	NAME OF DEC	CEASED	August	L. Saur		2. DATE OF DEATH Dec.	14,1953				
1		PLACE OF DEA Baltimore Ci				4. USUAL RESIDENCE	CE (Where deceased lived, I B. COUNTY	f institution: residence before admission)				
	HC	FULL NAME O SPITAL OR STITUTION			ion, give street address or location)	c. CITY OR TOWN	01	ts, write RURAL and give township)				
3	14	7	St. Jose	ph's Ho		Baltimore		10				
210	-				Yrs. Mos.		(If rural, give location)					
leg	-		y in Baltimore		life Days		ilton Street -	13				
and legibly	5.	Male (	White		E. MARRIED. /ED, DIVORCED (Specify)	August 10, 18	9. AGE (In years last birthday)	ff Under 1 Year If Under 24 Hours Onths Days Hours Min.				
rly		A. USUAL OCC	UPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (Stat		12. CITIZEN OF				
clearly	Re	et. Cleric		Edgewo	od Arsenal							
th	13	. FATHER'S NA	ME									
death		Aug	ust Leonard	Saur		Barbara						
ot	15 (Yes	. WAS DECEASED	EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS				
	(100	no	(2. 30% K1.0 Mar of date	. 01 301 1100)	SECORITY NO.	Nellie P. Sau	r, 1625 Chilton	Street				
Sna		18. 2.21	<u></u>		CAUSE	OF DEATH		INTERVAL BETWEEN				
200		200 200 1	OR CONDITION	DIRECTLY				ONSET AND DEATH				
the			DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)									
te		heart failure	, asthenia, etc. It mes	ins the diseas	se,							
WE												
se	7	ANTECEDENT CAUSES (B) Hypertension, essential										
lea	õ	O DISEASES OR CONDITIONS, IF ANY, GIVING										
d :	A	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C) Arteriosclerosis, generalized										
suı	FIC				(C)	·		1				
Physicians: please write the causes	ERTIF	TO THE I	II IFICANT CONDITIONS DEATH BUT NOT	RELATED TO								
Ph	ซ	19A. DATE OF	OPERATION 1		TION FOR WHICH OF	PERATION IF	OPERATION WAS RELATED	TO 20. AUTOPSY?				
ıt.	4	IONI BITTE OF		VAS PERFC		CAU	ISE OF DEATH, ENTER					
especially important.	EDICA	OR CONTRIBU	IT WAS UNDERLY ITING☐ CAUSE OF Y MEDICAL EXAMINE	about	B. PLACE OF INJURY ( bome, farm, factory, street, office		DID (If in Baltimore City UR?	, give exact location)				
III	Σ		onth) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DI	D INJURY OCCUR?					
lly		OF INJURY		m.	WHILE AT NOT WHI							
cia	1	22 / handba	contifes that I -1	tonded the	deceased from Dec	14 th 1957	to Dec. 14, 19	53 that I last saw the				
spe		deceased ali	ve on Dea 31	19 E7	and that death occur	rred at 10:308 f	rom the causes and on	the date stated above.				
	1	23A. SIGNATI	JRE JEC 14	, 10-73.	and that death occur	23B. ADDRESS	The state of the s	23c. DATE SIGNED				
9 18				E. Layu	M. D. []	400 N. Carol	ine Street -13	Dec.13.1953				
80	24	4A. BURIAL, CI	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 2	24D. LOCATION (City, tow	n, or county) (State)				
correct age	TIC	burial	12/17/	53	Druid Ridge	Cemetery P	ikesville,	Maryland				
rre		ATE RECEIVED		'S SIGNATI	URE.	25. FUNERAL DIREC		ADDRESS				
၁	L	DCAL REGISTR	100000000000000000000000000000000000000	stow !	Williams Alson Ala	Wm. Cook,	mc. 1217 St	. Paul Street				
	==	VS 150		1								
		10 100		ALC: NO.	10	The state of the s						

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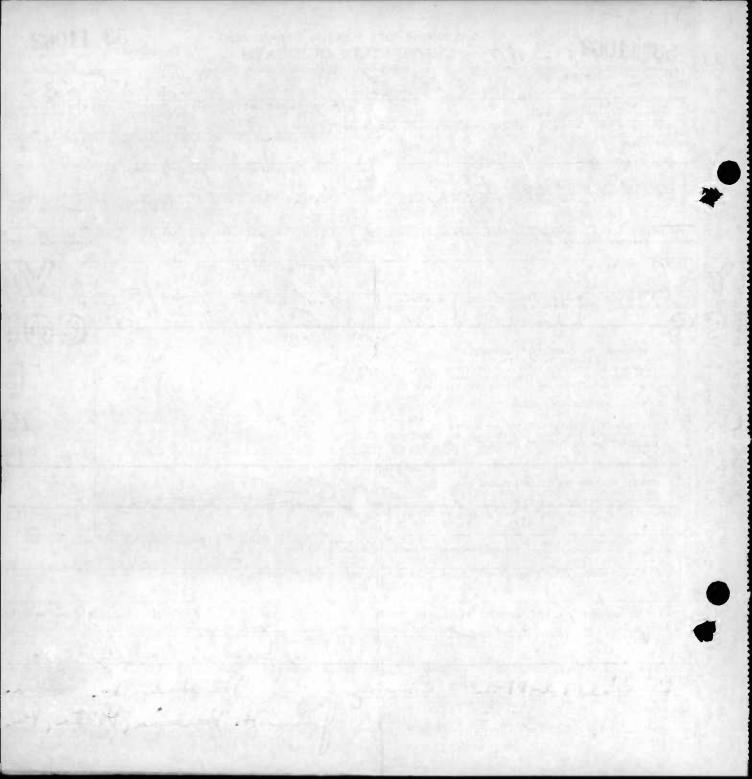
NAME 12/14/53

DITE 12/14/53

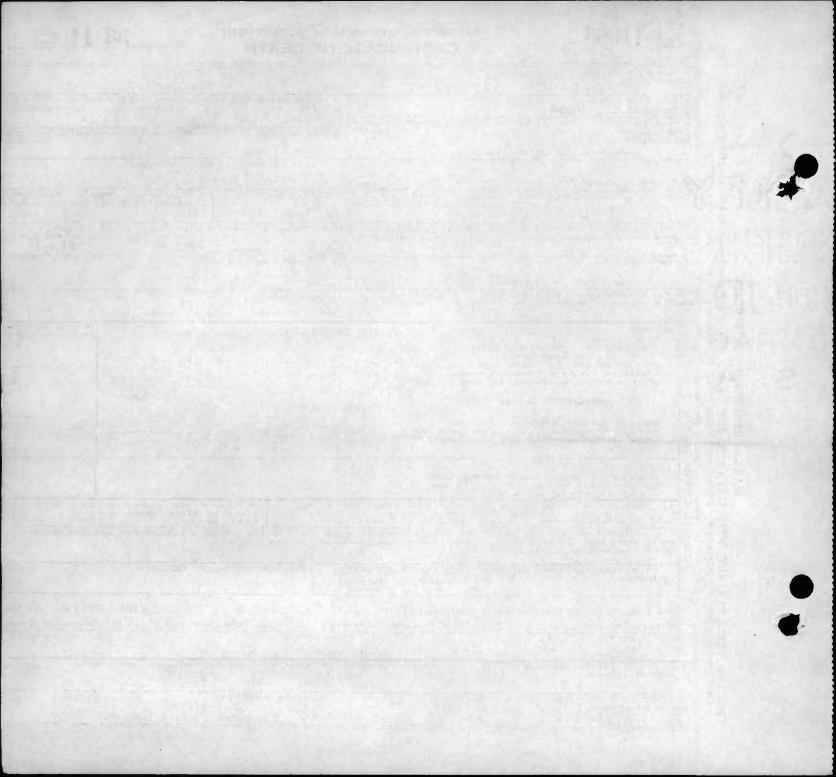
C 1 5 1955

	1	-0 -0	X		0
	BI	53 110612-03948 CERTIFICATE		Registered 1	3 11061
		NAME OF DECEASED  JOSEPH THOMA	2 5	2. DATE DEC	1.4 1953
	Α.	PLACE OF DEATH: Baltimore City, Maryland Halsted 3	4. USUAL RESIDENCE		institution: residence before admission
	HC	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION JOHNS HOPKINS HOSPITAL	c. CITY OR TOWN (	If outside corporate limit	s, write RURAL and giv township
	c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS ()	f rural, give location)	5800
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	2-28-52		f Under I Year   fl Under 24 Hours Onths: Days   Hours Min.
		A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BURTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	13	FATHER'S NAME J. Rollins	14. MOTHER'S MAIDEN	hompa	on
		. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOP	KINS HOSPITAL	DDRESS
		CAUSE ( DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	of DEATH . L.	of great ness	INTERVAL BETWEEN ONSET AND DEATH
	FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	genital her	nt diseus	e 20 man
	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CONTRIBUTION CAUSING IT.	al anaston	osis of ite	36 hu
	CAL	19a. Date of Operation   19b. Condition for Which of	AS PART I	RATION WAS RELATED TO OF DEATH, ENTER OR PART II	IN YES NO
	MEDIC	21a. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY ( OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	e. g., in or bldg., etc.) 21C. WHERE DID INJURY OCCUR?	(If In Baltimore City,	, give exact location)
	4.	21D TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE OF INJURY   WHILE AT   NOT WHILE AT WORK AT WORK	E		
	7	22. I hereby certify that I attended the deceased from // deceased alive on /2 - /4 - , 1953, and that death occur	30-, 1953, to/ red at m., from		3 that I last saw the
		Fronk Cole Spenier M.O.	JOHNS HOPKI		12-14-53
	TIE	resident 14/6/53 St. Mar	THE CREMATORY 2	exentour	or county) (Seale)
		ATE RECEIVED BY REGISTRAR'S SIGNATURE	Hou HY	tyon Ma	address no

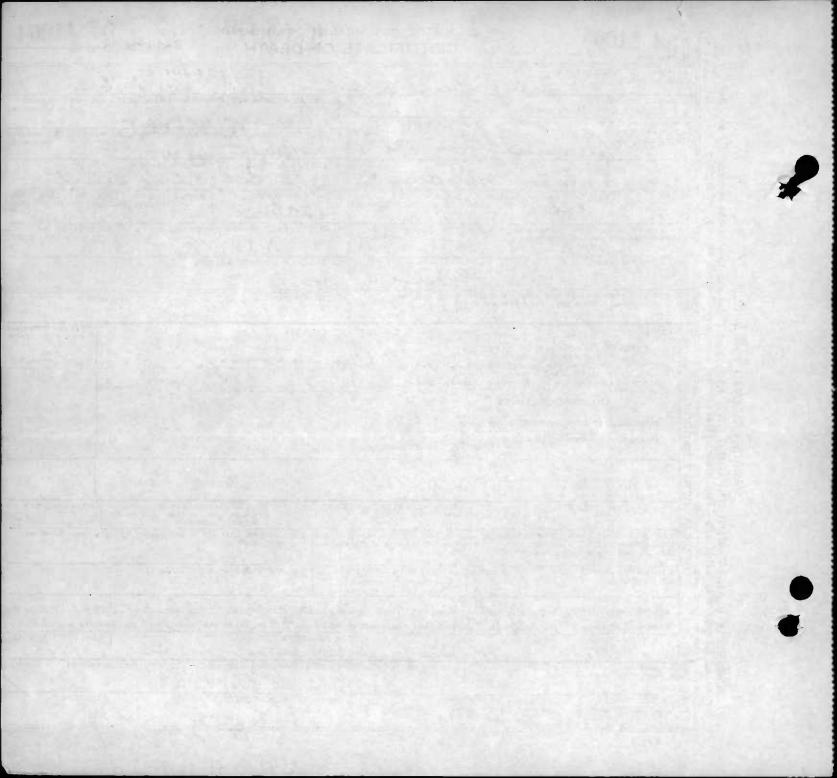




The	51 ( 1 1 1 1 1 1 1 1 )	E OF DEATH Registered No. 11063						
	1. NAME OF DECEASED (Type or Print) BAGY BOY BARRETT	2. DATE OF DEATH /1/0/53						
ıpplie	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
ılly sı	B. FULL NAME OF (If not in hospital or institution, give street address of location INSTITUTION							
carefu gibly	Yrs. Mos.							
IDING information should be carefully supplied. to death clearly and legibly.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (in years is birthday) Months: Days Hours Min.						
shoul	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR 1NDUSTR	11. BIRTHPLACE (State or foreign country)  Y  WHAT COUNTRY						
ation th cle	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
form f dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Edna Paroley  17. INFORMANT My Play - ADDRESS						
of of ises	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Edna Barrett, 31 Lambourne Rd, Bat to. 4						
RESERVED FOR INK. Every item please write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  (A)  Evy Horoblas fori, foe falis  PLEATER  ONSET A  ONSET A  ONSET A  PLEATER  PLEATER  ONSET A  PLEATER  ONSET A  PLEATER  ONSET A  PLEATER  ONSET A  PLEATER  PLEATER  ONSET A  PLEATER  PLEATER  ONSET A  PLEATER  PLEAT							
MARGIN RE: UNFADING IN Physicians: plea	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH OUT BLATER TO THE	rematurity - 32 weeks gestation						
MA UNF Phys	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	PPERATION   IF OPERATION WAS RELATED TO   20. AUTOPSY?						
WITH ortant.	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY about bome, farm, factory, street, office of the contribution of the contr	CAUSE OF DEATH. ENTER IN YES NO. (e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location)						
7.	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY  Th. WHILE AT NOT WE AT WORK AT WORK	HILE TO THE THE PARTY OF THE PA						
	22. I hereby certify that I attended the deceased from deceased alive on 12/10, 1953, and that death occurrence 23A. SIGNATURE	$12/9$ , $1953$ , to $12/10$ , $1953$ , that I last saw the arred at $2\frac{35/4}{4}$ m., from the causes and on the date stated above						
PLEASE WRITE correct age is esp	24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMET TION, REMOVAL (Specify)	amounty Hospital 12/10/53						
PLEA: correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOGAL RESISTRAR	25. FUNERAL DIRECTOR ADDRESS						
	VS 150	The state of the s						



	0	53 11	064	BA	LTIMORE CITY HI			53 11064	
The	BIRTH NO. 63-3000 4 CERTIFICATE OF DEATH  1. NAME OF DECEASED  1. AME OF DECEASED  1. AME OF DECEASED								
ied.	(T	ype or Print)	Bo	eley &	Siil Res	I A LISUAL RESIDEN	OF 12 DEATH 12 ICE (Where deceased lived,	6/53	
lddns	A.		City, Maryland		tion, give street address or	A. STATE	ugland B. GOUNTY	before admission)	
ully a		STITUTION	linewer	seter A	location)	C. CITY OR TOWN	(If outside corporate lim	tits write RURAL and give stownship)	
gibly		Č.	D. lu	7	Yrs. Mos.		s (If rural, give location)	Street	
IDING information should be carefully supplied. of death clearly and legibly.		SEX	tay in Baltimo	ACE 7. SINGL	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BURTH	9. AGE (In years)	It Under 1 Year It Under 24 Hours Months Days Hours Min.	
on shou	worl	done during most o	CUPATION (Give of working life, even if r		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
NG rmatic death	13	. FATHER'S N	IAME	· R	reed	Bessie	DEN NAME		
BINDING of inform	15 (Ye	. WAS DECEASI	ED EVER IN U.S.		16. SOCIAL SECURITY NO.	17. INFORMANT	•	ADDRESS	
R em			X I	ION DIRECTLY	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
F 5 T		(This does	LEADING TO not mean the mare, asthenia, etc. I	DEATH node of dying, e.	g., (A)	rematur	ely	6 hours	
RESERVED I INK. Every please write th			complication wh	nich caused deat		Buth Weeg	pht 700 Gra	me	
ESE INK.	NO		S OR CONDITIO	NS, IF ANY, GIVE					
IN R NG IS: p	CAT		HE ABOVE CAUSE VING CONDITION		(C)				
MARGIN UNFADING Physicians:	ERTIFI	TO THE	III INIFICANT CONDIT DEATH BUT N	NOT RELATED T					
ы.	AL C		F OPERATION	the same of the sa	ITION FOR WHICH O	CA	OPERATION WAS RELATED USE OF DEATH, ENTER ART I OR PART II		
7, WITH portant.	EDIC,	OR CONTRIB	ENT WAS UNDEBUTING CAUS	SE OF about	B. PLACE OF INJURY bome, farm, factory, street, office	(e. g., io or 21C. WHERE bldg., etc.)	DID (If in Baltimore Cit	y, give exact location)	
PLAINLY,	Σ	210. TIME OF INJURY	(Month) (Day) (	Year) (Hour)	21E, INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LETT	ID INJURY OCCUR?		
9					e deceased from	12/6, 1953,	to 12/6, 19.	that I last saw the	
VRITE is esp		deceased a		5 - 19 32		23B. ADDRESS	from the causes and on	23c. DATE SIGNED	
PLEASE WRITE correct age is est	2. TI	4A. BURIAL, ON, REMOVAL (S	CREMA- 248. DA	ATE	24c. NAME OF CEMETE	ERY OR CREMATORY	248. LOCATION (City, tow	vn, or county) (State)	
PLEAS correct		ATE RECEIVE		TRAR'S SIGNAT	VILLUA, MY	25. FUNERAL DIRE	ton Williams	ADDRESS	
		VS 150		Ö			9		



The PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

#### CERTIF CATE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

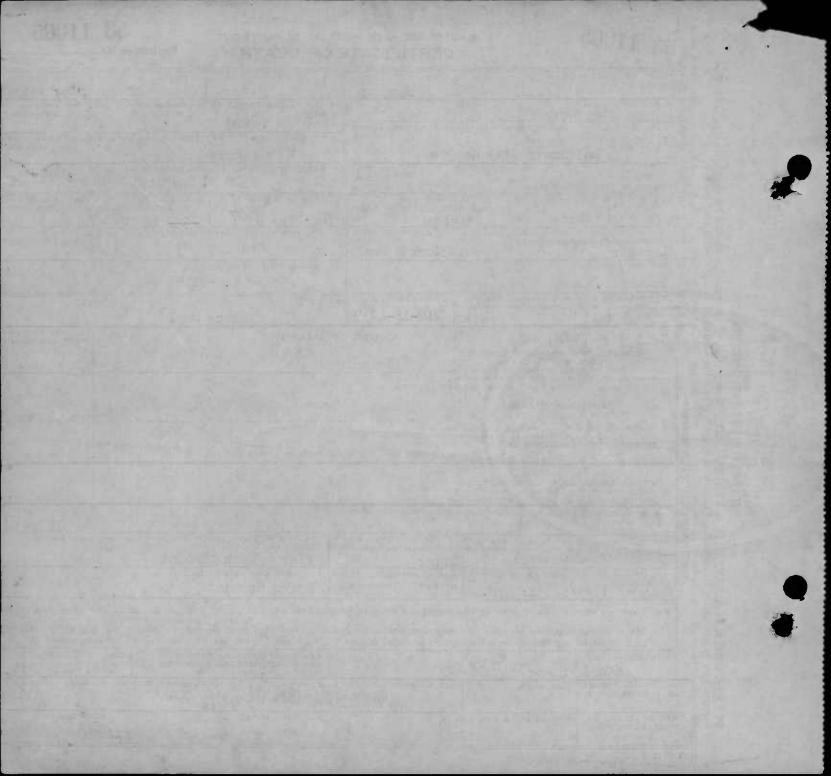
	5	1	LU	65
egistered	No.			

BIRTH NO.						
1. NAME OF I (Type or Print)	DECEASED	TER DEA			2. DATE OF	
	(-DEAI		WEBSTER		DEATH NOV	rember 5, 1953
3. PLACE OF I	City, Maryland			4. USUAL RESIDENCE (	Where deceased lived, I B. COUNTY	If institution: residence before admission)
B. FULL NAME	OF f not in hos	pital or institut	ion, give street address or			00
HOSPITAL OR			location)	C. CITY OR TOWN (1	f outside corporate lim	its, write RURAL and give
(8-0)	Baltimore	City Mor	gue	K Baltimore	е	7-050wnship)
			Yrs. Mos.	D. STREET ADDRESS (If		
c. Length of	stay in Baltimore		Days	0 528	W. Washingto	n Street
5. SEX	6. COLOR OR RAC		E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BUTH	9. AGE (In years last birthday)	If Under 1 Year   If Under 24 Hours Months: Days   Hours   Min.
Male	White	Sin	2	Sept. 23, N907	-352 46	
10A. USUAL O	CCUPATION (Give kind tof working life, even if retire	of TOB. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
Laboren		Mirown	Cork & Seal	Col Maryland		WHAT COUNTRY
13. FATHER'S	NAME	K		14. MOTHER'S MAIDEN N	AME	
Howard	P. Deal	N		K Grace W. I	Mullen	
15. WAS DECEAS	SED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown	(it yes, give wer or d	les of service)	218-18-4239		e Deal	
18. F 4	n to et	N		OF DEATH	C DOLL	INTERVAL BETWEEN
1	24.8			N N		ONSET AND DEATH
	SE OR CONDITION	ATH	Dansens			
(This do	es not mean the mod- lure, asthenia, etc. It n	e of dying, e.	6. (A)	LIIE		
	r complication which					
	ANTECEDENT CA	USES				
Z DISEASE	es on countrious		(B)	•••••••		
RISE TO	ES OR CONDITIONS THE ABOVE CAUSE (	A) STATING TI				
UNDERL	YING CONDITION	LAST.	(C)			
<u> </u>						
	SIGNIFICANT CON					
TRIBUTING THE	IG TO THE DEATH, BU					
	OF OPERATION	19в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
1	- F					YES X NO
21A. EXTER UNDERLYII	RNAL CAUSE WAS	218. PL	ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		If in Baltimore City,	, give exact location)
UTING [	CAUSE OF DEAT		arbor	Pier 6 Locus	t Point	24/1
21D. TIME	(Month) (Day) (Yes		21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
of injury Found:	11/5/53 1:	00 P. m.	WHILE AT NOT WHILE	Found drowned	d	
		<del></del>	remains described of	Α.	utopsy	thereon and from
				Autopsy.	Inspection or Inquir	y
the en	vidence obtained l leath in my opinio	y said Auton resulted	opsy, Inspection or I from: natural cause	Inquiry, find that said d s [], accident [], suicide	leceased died on $\Box$ , homicide $\Box$ ,	the day stated above undctermined 🔯.
23A. SIGN		1				23c. DATE SIGNED
///	Merm (1)	100 XX		238. CHIEF MEDICAL ASSISTANT MEDICAL I.D. MEDICAL INVESTIGA	TOR	Dec. 22, 1953
24A. BURIAL. TION, REMOVAL (	CREMA- Specify) 248. DATE	0	24C. NAME OF CEMETE	RY OR CREMATORY   24D. L	OCATION (City, tow	n, or county) (State)
DATE RECEIV	ED BY   REGISTRA	R'S SIGNATI	JRE	25. FUNERAL DIRECTOR		ADDRESS
LOCAL REGIS			4713-	1 s. Beres A. S. An	- Will-	1177

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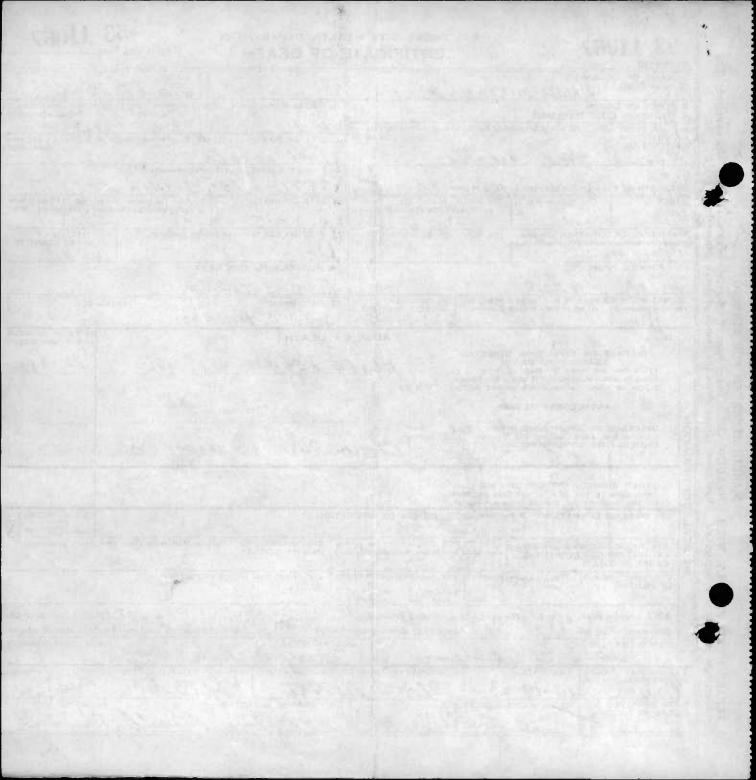
ВІ		ATE OF DEATH  Registered No. 11066						
	NAME OF DECEASED (ype or Print) ALFRED PETE	ERSON 2. DATE OF NOV. 19, 1953						
Α.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence  A. STATE  B. COUNTY  before admission)						
H	ISTITUTION	ation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give						
-		Yrs. D. STREET ADDRESS (If rural, give location)						
	T 12 A 1 1 TO 111	Days   504 S. Hanover Street    8. DATE OF BIRTH   9. AGE (In years)						
	Male White U WIDOWED, DIVORCED (SE							
	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)    MB. KIND OF BUSINESS O INDUS	OR 11. BURTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY						
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	ķ o	O K						
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES W 16. SOCIAL SECURITY N	NO. 17. INFORMWINT N ADDRESS						
	N	N O INTERVAL BETWEEN						
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	un opilapticus						
LC	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF C	OPERATION 20. AUTOPSY? YES X NO						
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.  21B. PLACE OF INJURY (about home, farm, factory, street, office							
Σ		WHILE NORK IN THE PROPERTY OF						
	22. I certify that I took charge of the remains described above, held an autopsy  Autopsy, Inspection or Inquiry  the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,							
	and death in my opinion resulted from: natural ed	auses $\square$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .						
	230 SIGNATURE 9. Jahring	M.D. ASSISTANT MEDICAL EXAMINER						
Z. Ti	4A. FYRIAL, CREMA- ON, HEMOVAL (Specify)	METERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
V	S 151 N - 97/1.0							

See directive in Document file from Dr. Jos. A. Jachinezvi, Asst Medical Transper

	4-520 WANA	7 1						
	53 11067 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT 53 11067 Registered No.						
	BIRTH NO.	E OF DEATH						
	1. NAME OF DECEASED (Type or Print) NANCY MI YANNACCI	2. DATE OF DEATH 12-15-5-3						
	3. PLACE OF DEATH: V A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
ı	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give						
ı	Church Home +14050	BALTIMOYE						
	3 Vrs.	D. STREET ADDRESS (If rural, give location)						
8	c. Length of stay in Baltimore   WNDALK   3 Desc.  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 H Under 24 Hours						
	1- WIDOWED, DIVORGED (Specify)							
	10A. USUAL OCCUPATION (Givekind of workflope during most of warking life, even if retired)    TON SEWIFE	1/4/-						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Joseph LA ROSA	MARY YACCIND						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nubhnown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
	NO NO 1220-14-2584	JOHN C. YANNACCI - SAME						
ı	18. 592 X DISEASE OR CONDITION DIRECTLY	OF DEATH						
1	(This does not mean the mode of dying, e.g.,	ERENAL FAILURE 12 hrs						
1	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
1	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
	UNDERLYING CONDITION LAST.	16 glomeralo Nephritis. 1542						
1	OTHER SIGNIFICANT CONDITIONS CON-							
3	TO THE DISEASE OR CONDITION CAUSING IT.	ATION LOS ANTORSYS /						
ā	<b>₹</b>	ATION 20. AUTOPSY2						
	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., to CAUSE OF DEATH							
ı	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?						
	m. WHILE AT NOT WHILE AT WORK							
	22. I hereby certify that I attended the deceased from	2-13 1952, to 12-18, 1953 that I last saw the						
7	deceased alive on /2-15, 19 5, and that death occur	m., from the causes and on the date stated above.						
	Jack & Caller M. D.	Church come + top 12-15-13						
	24A. BURIAL, CREMA: 24B. DATE TION, RENOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City/town, or county) (State)						
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
	LOCAL REGISTRAR	wolf Body Bolly Dudals						

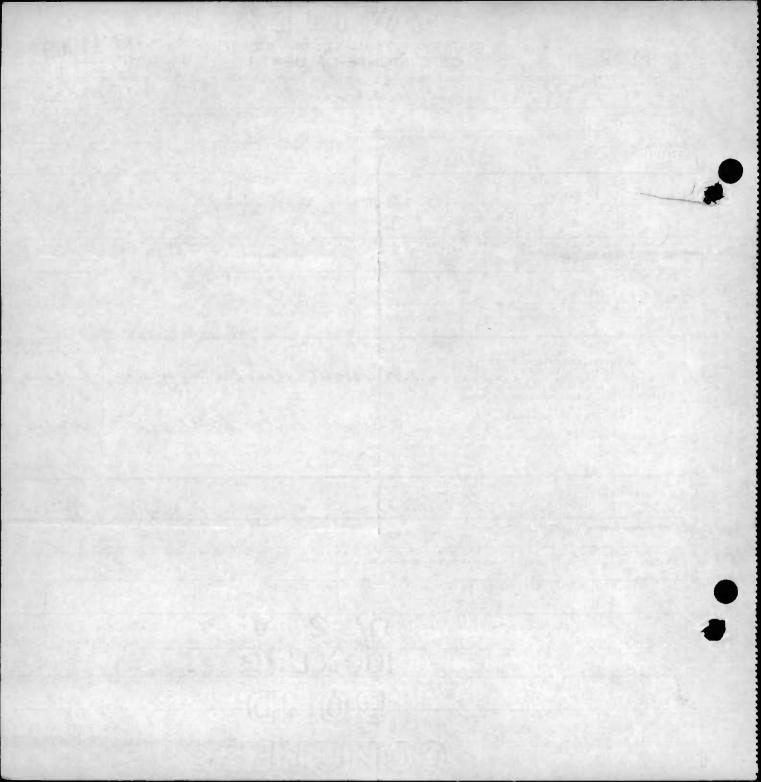
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	1	1-620				
The	gin Bin	3 11069		EALTH DEPARTMENT E OF DEATH	53 Registered No.	11069
		NAME OF DECEASED MY S	mon Have	iis	2. DATE OF DEATH 12-	14-53
supplied.		Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution: residence before admission)
y su	H	FULL NAME OF (If not in hospital or i DSPITAL OR ISTITUTION	nstitution, give street address or location)		outside corporate limits, w	rite RURAL and give
i.y.		10 jever	dale	Halten	ore 2	/- township)
ag .	c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If I	rural, give location)	The state of the s
and and		SEX   6. COLOR OF RACE   7. S	INGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years) If Und last birthday) Month	er I Year   If Under 24 Hours s: Days   Hours   Min.
rly	10	A. USUAL OCCUPATION (Give kind of) 10B	KIND/OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)   12	. CITIZEN OF
on shou clearly	10	done during most of working life, even if retired)	othing INDUSTRY		re Md	WHAT COUNTRY?
information should s of death clearly an	13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
of de	15 (Ye	E. WAS DECEASED EVER IN U. S. ARMED FOR a, no or unknown) (If yes, give war or dates of ser		17 O TELLICE	ADDI	RESS /
y item of info the causes of	(10		SECURITY NO.	Lena Israel	()	alloveew
can		18. 422.1 DISEASE OR CONDITION DIRE		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, ctc. It means the	ig. e. g., Atter	issclerolic ces	novescular	4 years
Ever		injury or complication which caused	death.) DUE TO		distase	
	z	ANTECEDENT CAUSES		val Duterco.	clesores	years.
ple	TION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	, GIVING ING THE DUE TO			
UNFADING INK. Physicians: please	FICA		(C)			
FAI	RT	OTHER SIGNIFICANT CONDITION		W 1 0		
	CE	TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUS 19A. DATE OF OPERATION 19B. M		a rypertrophy	of prostate	Years
WITH rtant.	CAL		AJON TINDINGS OF OPEN	ATTON		YES NO
Y, WITE	MEDIC		B. PLACE OF INJURY (e. g., in t home, farm, factory, street, office bldg., o		f in Baltimore City, give	exact location)
		21D. TIME (Month) (Day) (Year) (Hour OF INJURY			OCCUR?	
ial		22. I hereby certify that I attended	m.   WORK L AT WORK	1 16, 1948, to 12	2-14 1013.	hat I last saw the
A P		deceased alive on 12-14, 194	3, and that death occur	rred at 1120 p.m., from th	ne causes and on the	
WRITE ge is e		deronce d. Al	unileagun 2	35/ADDRESS	Kenne 2	3c. DATE SIGNED
च ह	24 TI	BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, or	
PLEASE correct ag	A D	ATE RECEIVED BY   REGISTRAR'S SIG	3 / Colecta	25. FUNERAL DIRECTOR	dallo	DRESS
20	LC	OCAL REGISTRAR	William A	Jack Lewis Ac	L 2100 Ge	itais 12
		VC 150	7			



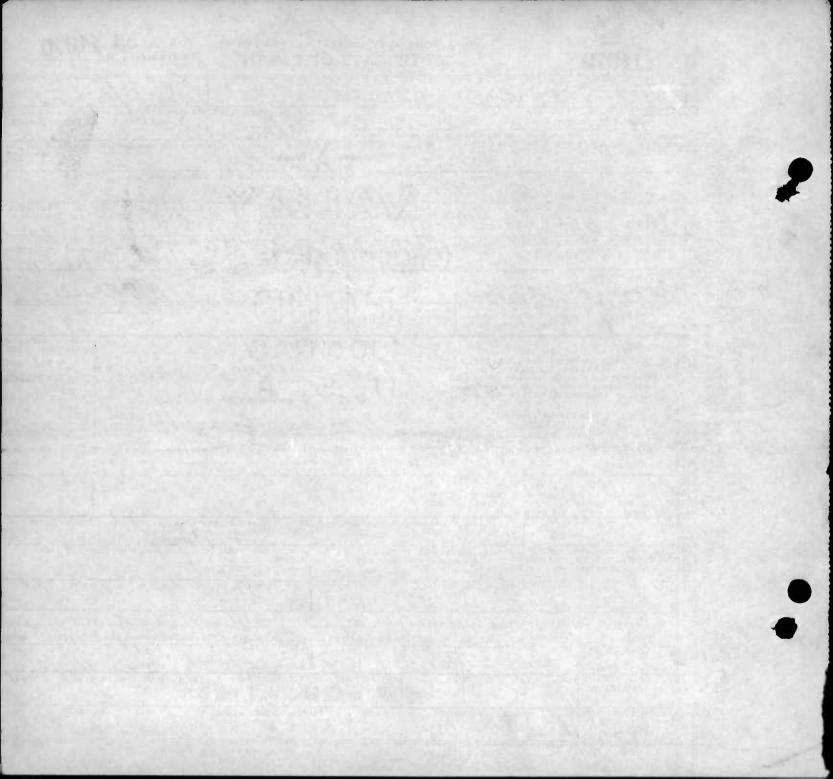
#### BALTIMORE CITY HEALTH DEPARTMENT

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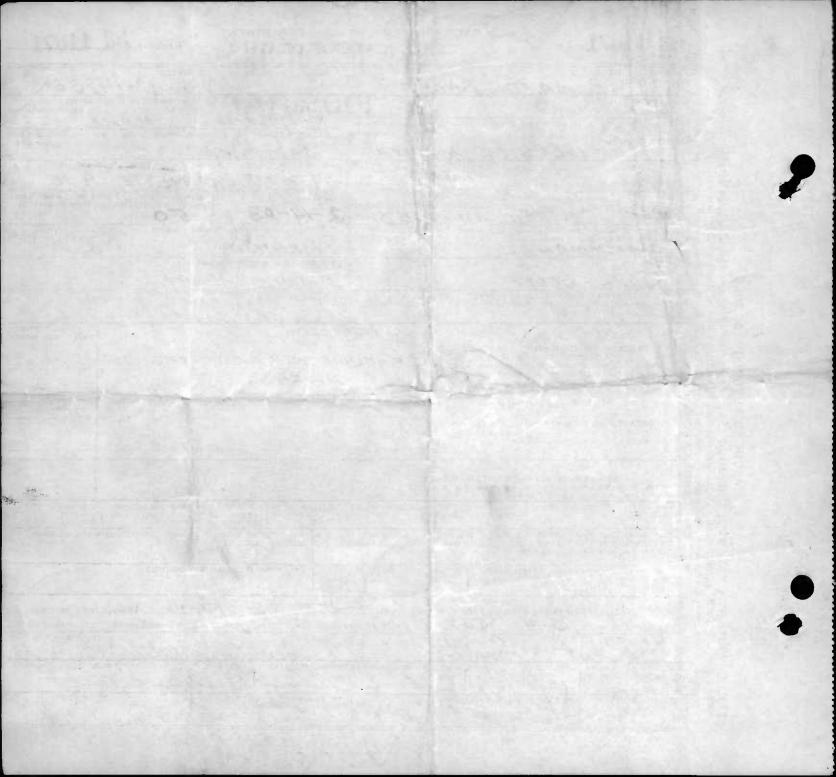
	Bf	53 N 11070	CERTIFICAT	E OF DEA	TH Registered N	0.22070	
	1. (T	NAME OF DECEASED THOMAS	MILLE	R	2. DATE OF DEATH	30/53	
		PLACE OF DEATH: Baltimore City, Maryland		DENCE (Where deceased lived, If is	nstitution : residence before admission)		
	В.	FULL NAME OF (If not in hospital or institut  OSPITAL OR  MERCY HOSP.					
Ŋ.	IN	ISTITUTION METER .	INC. location)	BALTO, township)			
egibly		1	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
	-	Length of stay in Baltimore SEX [6.COLOR OR RACE   7. SINGLE	Days E. MARRIED.	8. DATE OF BIRTH   9. AGE (In years) It Under 1 Year   It Under 24 Hours			
y and		M NEGRO WIDOW	3/15/95 last birthday) Months Days Hours Min.				
clearly	10 work	A. USUAL OCCUPATION (Give kind of 10B. KINE a done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
- 1	13	FATHER'S NAME		John The	South Comelina 4.5.		
death		Goonge Miller		1/1-1	VIE Mak	F141-	
of	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS	
ans: please write the causes	FICATION	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  (A) COMG HEADALT FAILURE  OUE TO CON Ful monal (C)  (B) Chronic Branchitis  OUE TO  (C)					
Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		•			
	AL.	19a, DATE OF OPERATION 19B. CONDI WAS PERFO	TION FOR WHICH OPERATION		IF OPERATION WAS RELATED TO CAUSE OF OEATH, ENTER IN PART I OR PART II		
important,	MEDIC	21A. ACCIDENT WAS UNDERLYING   21B OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	home, farm, factory, street, office	e. g., in or 21C. WH bldg., etc.) INJURY	ERE DID (If in Baltimore City, a OCCUR?	give exact location)	
especially in		210 TIME (Month) (Day) (Year) (Hour) OF INJURY m.	WHILE AT NOT WHILE WORK AT WOR	LET			
peci		22. I hereby certify that I attended the		that I last saw the			
		deceased alive on 1953.	and that death occur	red at P	n., from the causes and on th	e date stated above. 23c. DATE SIGNED	
e is		Benze ffenny	rech M.O.	Mercy	- ftops. Unes	4/20/53	
ect age	TIC	AA. BURIAL (REMA- DN, REMOVAL (Specify)	24c. NAME OF CEMETE	DICAL SCHOOL DE	24b. EQCATION (City, town, 6, 14, 1953)	or gounty (State)	
correct		ATE RECEIVED BY REGISTRAR'S SIGNATU	JRE	25. FUNERAL D	IRECTOR WILLIAM	ADDRESS	

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information MARGIN RESERVED FOR BINDING

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	1	52 110	174	ВА	LTIMORE CITY H			5	3 11071	
The	BI	RTH NO.	71		CERTIFICAT	E OF DEA	TH	Registered T	16	-
		NAME OF D	gan .	27			2	. DATE OF /2_1	21-22	
lied		PLACE OF D	EATH:	DS	COII		DENCE (When	DEATH 2-1	institution : resider	
idns	_	Baltimore (	Of (If not in hos	pital or institu	ation, give street address	A. STATE	LAND	B. COUNTY	before admi	ission)
lly s		STITUTION	( at weep		location			side corporate limit	write BURAL and	nd give
efu.	-	6	NIVERS	114	HOSPITAL	D. STREET ADD	RESS (If rur	al, give location)	07	
VDING information should be carefully supplied. s of death clearly and legibly.	c.	Length of s	tay in Baltimore		40 Mos.	1025 1	N. LAF	AYETTE	AUE	
d be	5.	SEX	6. COLOR OR RAC		E. MARRIED. WED, DIVORCED (Specif	B. DATE OF BIR	TH 9	AGE (In years last birthday) Mo	under 1 Year If Under 2 nths: Days Hours	24 Hours Min.
tould	10	A. USUAL OC	COLORE		ARRIED D OF BUSINESS OR	11. BIRTHPLACE	E (State or foreign	5 O	12. CITIZEN OF	
n sh		done during most	of working life, even if reti-		INDUSTR			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WHAT COUN	NTRY?
atio	13	. FATHER'S	NAME			14. MOTHER'S		=	00.7	1
NG orm dea	15	JOH	N Scot			ANNIE	E HEA	rey		
BINDING of inform uses of dea			ED EVER IN U.S. AR (If yes, give war or		16. SOCIAL SECURITY NO.	17. INFORMANT	1.1.	allique	DDRESS	ave
		18. , / , /=			CAUSE	OF DEATH	ce /th	an 194	INTERVAL BET	
item		TOISEAS	E OR CONDITIO		0		2		ONSET AND	DEATH
F-2-H		(This does	s not mean the modere, asthenia, etc. It	le of dying, e.		DISEAS		-VASCULF	RUNKNO	WN
RESERVED INK. Ever please write		injury or	complication which		th.) DUE TO	WISLAC	E			
K. K.	z		ANTECEDENT CA	USES	(B)		***************************************			
RESEINK.	은	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE OF YING CONDITION	A) STATING 1						
ING ING ns:	ICA	ONDERE	TING CONDITION	LAST.	(C)					
MARGIN UNFADING Physicians:	RTIFI	OTHER SIG	II	NS CONTRIB	UTING					
UNI	CER	DISEASE C	DEATH BUT NO	ING IT.	***************************************					
	7	19A. DATE C	F OPERATION	WAS PERF	ORMED	DPERATION		N WAS RELATED T DEATH, ENTER I		
WITH rtant.	DICA		ENT WAS UNDER		B. PLACE OF INJURY thome, farm, factory, street, offi			in Baltimore City,		
. 0	MEL	DEATH (NOT	TIFY MEDICAL EXAM	INER)						
AINLY illy imp	-	OF INJURY	(Month) (Day) (Yo	ar) (Hour)	21E. INJURY OCCUR WHILE AT NOT WE		W DID INJUR	Y OCCUR?		
7 50				m.	WORK AT WO	1 - 15	K2. 12	- 2// 105	3	
E P		deceased a	y certify that I live on 12-14	attended th	e deceased from II, and that death occ	urred at 1015	53, to 12	$\frac{19}{2}$ , $\frac{19}{2}$	etathat I last sa he date stated o	w the
RIT is e		23A. SIGNA		(3.		23B. ADDRESS	·-/ //	1 2:41	23c. DATE SIG	GNED
Be ₩	24	4A. BURIAL.	CREMA- 248. DAT	Tryle	M. D.	TERY OR CREMATOR	SILLY AD LOC	ATTON (City, town	or county) (S	State)
ASE ct a	TIC	ON REMOVAL	Specify) 11/1	8/4953	Balling	Maliona	A Bal	line;	md.	
PLEASE WRITE PI correct age is especi		ATE RECEIVE		AR'S SIGNAT	W/11	25. FUNERAL D	DIRECTOR	( 10	ADDRESS	aye
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supplied.	
PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The ecially important. Physicians: please write the causes of death clearly and legibly.	
Ever	
INK.	
UNFADING Physicians:	
PLAINLY, WITH ecially important.	

	5	3 11072 RTH NO.	BALTIMORE CITY H	EALTH DEPARTMENT OF DEATH	NT Registered 3	11072
- mounda	3.	Baltimore City, Maryland	GREGORY WO	A. STATE	2. DATE OF DEC. 15 DEATH DEC. 15 (Where deceased lived, If inst	1953 iultion; residence before admission)
bly.	HC	FULL NAME OF (If not in hospital or STITUTION 3126 GREEN)	MOUNT AVE.  Yrs.		(If outside corporate limits, w	rite RURAL and give
y and legibly.		Length of stay in Baltimore SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED DIVORCED (Specify	APR. 7, 1892	GREENMOUNT 9. AGE (In years) II Unite last birthday) Months	B Days Hours Min.
death clearly	work	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)	ESTURANT	11. BIRTHPLACE (State ) 14. MOTHER'S MAIDE	V DHAME	CITIZEN OF WHAT COUNTRY?
uses of	15 (Yei	. WAS DECEASED EVER IN U. S. ARMED FO (If yes, give war or dates of a	118-31-1045	17 INFORMANT MARY ANNA OF DEATH	WONNEMAN	BOYE INTERVAL BETWEEN
write the car		IVER PORTAL	15 MOS.			
please	CATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STAUNDERLYING CONDITION LAST.				
Physicians:	CERTIFIC	11 OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA OISEASE OR CONDITION CAUSING IT	ATED TO THE			
_	CAL		CONDITION FOR WHICH O	CAUS PAR	PERATION WAS RELATED TO E OF OEATH, ENTER IN I OR PART II	YES NO
0	EDIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	218. PLACE OF INJURY about home, farm, factory, street, office	(e. g., in or 21C. WHERE D	ID (If in Baltimore City, giv R?	e exact location)
cially imp	2	21D. TIME (Month) (Day) (Year) (Ho OF INJURY	Dur) 21E. INJURY OCCURE  WHILE AT NOT WH  WORK AT WO	ILE	INJURY OCCUR?	·
especia		22. I hereby certify that I attended deceased alive on 15 Dec., 1	m the causes and on the	hat I last saw the date stated above. 23c, DATE SIGNED		
age	24	4A. BURIAL CREMA- 24B. DATE on, REMOVAL (Specify) 12 - 19 -	953 HOLY KE	23B. ADDRESS  12-6 Paul  ERY OR CREMATORY 24  DEEMER	D. LOCATION (City, town, or ALTO.	county) (State)
Correct	D.C.	ATE RECEIVED BY REGISTRAR'S S	IGNATURE WILLIAM MA	25. FUNERAL DIRECT	& SONS (0. 490	S JORK RO
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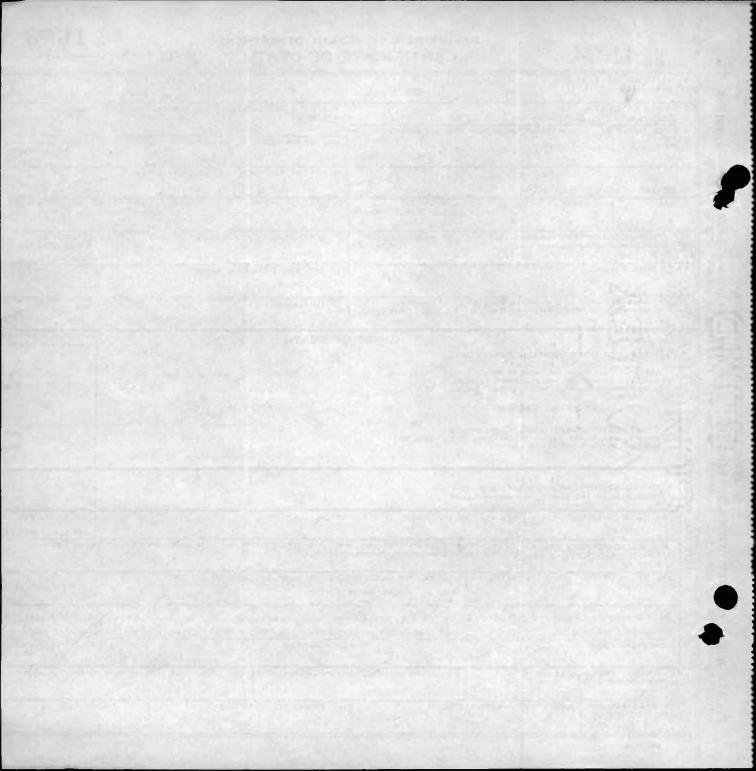
DR G.W DEHOFF 2020 N CHARLES

S-BIRTH	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	45
1. NAM	E OF	DECEASED

	6-16	10					53 41073
11 .	252 44	823	ВА	CERTIFICATI			
E	IRTH NO.	.070		CERTIFICAT	E OF DEATH	- Registered	110.
	. NAME OF D Type or Print)					2. DATE	
			Y WIL.	IAM SPEALMANN			2. 15, 1953
3	. PLACE OF D . Baltimore (	EATH: City, Maryland 4	215 Er	dman Ave	4. USUAL RESIDE	NCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
B	FULL NAME			tion, give street address or		aryland	
	NSTITUTION	4215 Er	dman A	location)	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give township)
_	000					altimore / (	0-0.5
				Yrs. Mos.		SS (If rural, give location)	
90000	. Length of s	tay in Baltimore	5 CINCL	Days	8. DATE OF BIRTH	Erdman Ave.	If Unday 1 Year   If Unday 24 Hours
11			WIDOV	E, MARRIED. VED, DIVORCED (Specify)		last birthday)	Months Days Hours Min.
1-	Male	White		ried	Oct. 10, 18		
WO	k done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	andscape	0		ARRIVAL ARREST	Maryland		
1	3. FATHER'S N				14. MOTHER'S MAI	DEN NAME	
		ip Spealmann			Helena Frank	K	
(X	5. WAS DECEASE es, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No.				Mrs. Emma S	pealmann 4215 Er	dman Ave.
CERTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DEAT not mean the mode or re, asthenia, etc. It mea complication which complication which complication which complication which complication which complication with the above cause (A) ING CONDITION LA ING CONDITION LA ING CONDITION CONDITION THE DEATH, BUT ISEASE OR CONDITION	f dying, e. na the disear aused death ses F ANY, GIVII STATING TEST.  TIONS COLONOT RELAT.	(B)	with M	etartais.	
١	19A, DATE C	F OPERATION   1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
∥5			I ata ni	ACE OF INJURY (e. g., I	n or   21c. WHERE D	D (If in Politimens Cit.	y, give exact location)
MEDICA	LYING OF	ENT WAS UNDER- R CONTRIBUTING DEATH		farm, factory, street, office bldg.,			y, give exact location)
1	OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
			m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from	, 195	to 120.15.19	Sthat I last saw the
		ive on the 14			A Anna Anna	from the causes and or	
	23A. SIGNAT	TURE 43%	Un	Bus M. D.	3B. ADDRESS	Erlevanter	2 23c. DATE SIGNED
2	4A. BURIAL, O	REMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, to	wn, or county) / (State)
1	Burial	Dec. 17,	1953	Baltimore		Baltimore Md.	
E	ATE RECEIVE	D BY   REGISTRAR		JRE // 11	25, FUNERAL DIRE		ADDRESS

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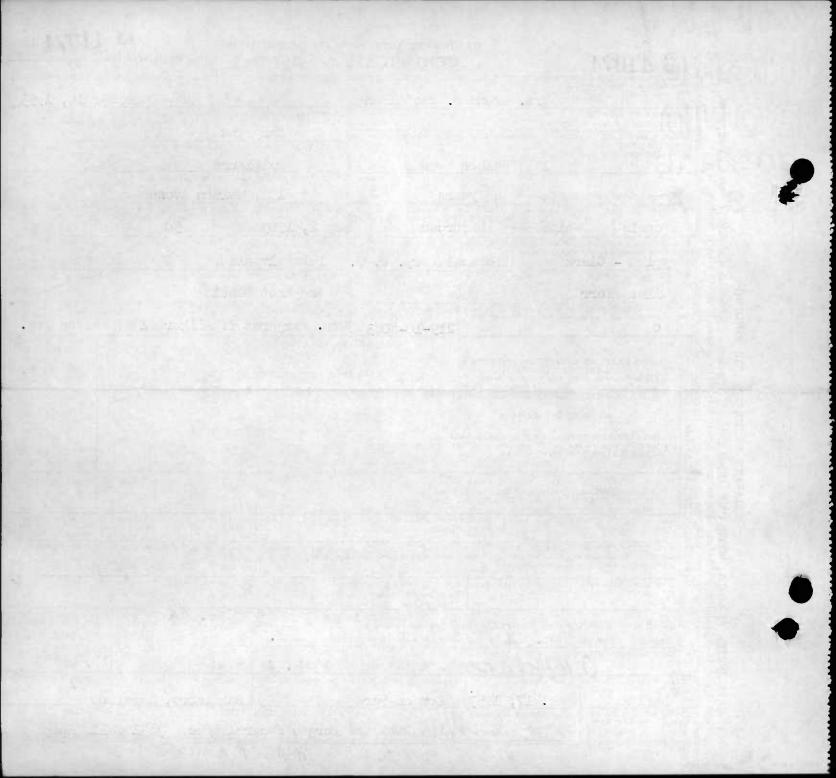
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# BALTIMORE CITY HEALTH DEPARTMENT

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stered No	

The	BI	13 No 10	74			CERTIFI	CATE	E OF	DEA"	ГН	Reg	gistered I	No	
	1.	NAME OF D			Irene	B. MacLel	lan				2. DATE		ber 14,	1953
VDING information should be carefully supplied. s of death clearly and legibly.	A.	PLACE OF D Baltimore	City, M	aryland				4. USU	TE	yland	Vhere deceas		institution: res	sidence admission
	HC	FULL NAME OSPITAL OR STITUTION	OF (				oeation)	c. CIT	Y OR TOW	N (11	1	porate limit	s, write RURA	Leand gi townshi
	10	-0		1347	Weldon	Avenue	Yrs. Mos. Days  1347 Weldon Avenue					30		
		Length of s	6. COL	OR OR RACE		ars E. MARRIED, VED, DIVORCED	Days		E OF BIR	тн	19 AGE	in years	f Under l Year   If on this Days   Ho	Under 24 Rou ours : Mir
		Female  A. USUAL OC  done during most	CUPATI	Vhite ON (Give kind of life, even if retired)		orced	5 OR DUSTRY	II. BIR		(State or f	oreign coun		12. CITIZEN WHAT C	OF OUNTR
		Typist -	Cle		Chemic	al Corp.	U.S.		ennsylv		AME		USA	
	15	Stiles I	ED EVER	IN U. S. ARMED	FORCES?	I 16. SOCIAL			rgaret		Ld	Δ	DDRESS	
R BINDING	(Yes	No 18. // 2	(If yes	, give war or date	of service)	219-10-80	083		Margai		Hilker		Weldon	
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cau	RTIFICATION	DISEASE	LEADI s not me ire, asthe complie ANTEC	CONDITION NG TO DEAT an the mode o nia, etc. It mea ation which e EDENT CAUS  DNDITIONS, II VE CAUSE (A) ONDITION LA	FH dying, e. nos the disease aused death EES  FANY, GIVING TI	8., (A) 18., DUE TO 18.) DUE TO 18. (B)	Fil	rosa	rcoma		3		ONSET AI	yrs.
MAI UNFA Physic	CERT	TO THE	DEATH OR COND	BUT NOT I	RELATED TO		UCH OF	EDATIO	SAI I		TION WAS	DEL ATED	ro   20, AUT	OBS V 2-
WITH rtant.	CAL			0 v	VAS PERFO					PART I	OF DEATH,	ENTER	YES .	NO A
0	MEDIC	OR CONTRI	BUTING	CAUSE OF	ebout	bome, farm, factory,	treet, office	bldg., etc.)	INJURY	OCCUR?	(II III Dair	imore Orty,	give exact io	
AINL Ily in	4	21D. TIME OF INJURY	(Month)	(Day) (Year)	(Hour) m.	21E. INJURY O WHILE AT WORK	NOT WHILE	E	2 IF. HO\	N DID IN	JURY OCC	UR?		6
(TE PLAINLY, especially imp		22. I herel	y certi	fy that I att	tended the	deceased from		une :	3 , 19. 6 A.	$53$ , $t_0$ $0$	c. 14	, 19	de date stat	t saw t
WRIT e is e	H	23A. SIGNA	TURE	217/40	son	V	м. р.	617	W. 4	Oth S	t		I 23C. DATE	SIGNE 53
PLEASE WRI	710 TI	4A. BURIAL. ON REMOVAL ( Burial	CREMA. Speeify)	248. DATE Dec. 17.	1953	Loudon				Balt	cimore,		and	(State
PLE		ATE RECEIVE		REGISTRAR	SSIGNAT	Villaun	My	No.	neral D		Home	3631, I	address alls Roa	ad
		VS 150	<del>उउप</del>		3	390	74	R	Horace	7. K	Durg.	ee		



VS 150

before admission)

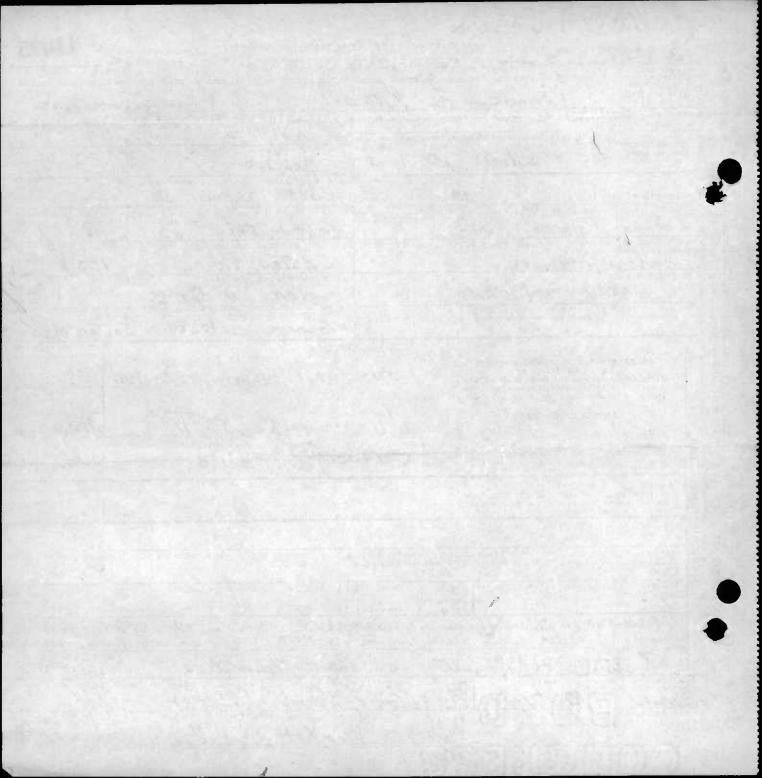
WHAT COUNTRY?

ONSET AND DEATH

Servol hr.

20. AUTOPSY

township)



	1	BALTIMORE CITY H	EALTH DEPARTMENT	The agreement
96	200		E OF DEATH	Registered No.11076
d. The	1.	NAME OF DECEASED Spee or Print) Lames A. Nicholson		2. DATE OF DEATH 12-11-53
should be carefully supplied.		PLACE OF DEATH: Baltimore City, Maryland	A. STATE NO 4	ere deceased lived. If institution: residence  B GOUNTY before admission)
	H	FULL NAME OF (If not in hospital or institution, give street address or location STITUTION Provident Hosp.	\	atside corporate limits, write RURAL and give township)
	,	Yrs. Mos.		ral, give location)
be ca	-	Length of stay in Baltimore Days  SEX [6.COLOR OR RACE] 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years   N Under   Year   N Under 24 Hours   Lagt birthday)   Months; Days   Hours   Min.
ould ily ar	10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	June 1878	1/5
on sh	wor	noduring most of weeking life, even if retired)  INDUSTR'	md	WHAT COUNTRY?
IG rmati leath	15	Lambert Nicholson	Susie Ringe	aold
NDING information s of death cle	(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES?  In o or unknown) (If yes, give war or dates of service)  SECURITY NO.	17. NEORMANT	ADDRESS
OR BIN item of i	77	18. 6/0X CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
FO ry it the		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ign Prostatic 1	typertrophy 6 mos.
EVED Ever write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
ESEF INK.	NO	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING		
G I	CATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)		
MARGIN UNFADIN Physicians:	RTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	012	
MA UNF, Physi	CER	TO THE DEATH BUT NOT RELATED TO THE DESCRIPTION OF	PERATION IF OPERATI	ON WAS RELATED TO 1 20. AUTOPSY?
WITH rtant.	CAL	12-11-53 PERFORMED	IPEYT TUPHY PART I OR	DEATH, ENTER IN
. 00	MEDI		ebidg.,etc.) INJURY OCCUR?	
7.	4-	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF WHILE AT NOT WH WORK AT WO	IILE T	RY OCCUR?
č		22. I hereby certify that I attended the deceased from 11	-10 , 1953, to 12	
RITH is es		E3ASGNATURE TO	23B ADDRESS	causes and on the date stated above.
PLEASE WRITE correct age is est		4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMAN ON, REMOVAL (Specify)	EBY OR CREMATORY 249. LO	CAT(O) (City, town, or equnty) (State)
PLEAS correct	CD	ATE RECEIVED BY REGISTRAR'S SIGNATURE,	25. FUNERAL DIRECTOR	ADDRESS 32 2 A
400		DEU 6 195. 4 tustington Williams, M	Mrs Kate R. Wall	ing Schwider St
		Vs 150		

Lames A. Michelson Provident Hosp.

.6111 to, 5

11-11-53

Baltimore

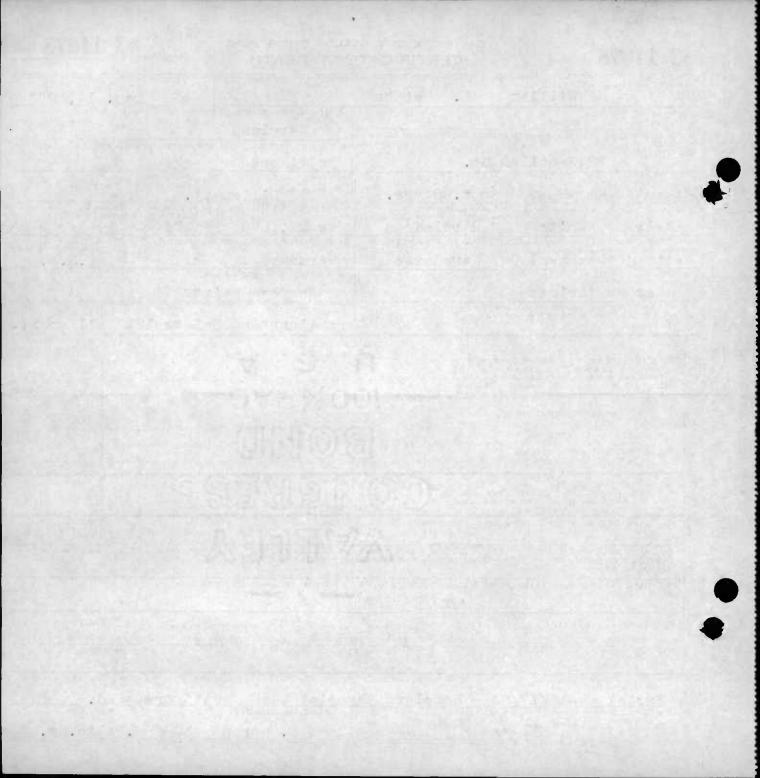
Welliam tarmer

	I	5 - 630 CERTIFICATE CORRECTED	2-25-51
The		53 11077 CERTIFICATE	E OF DEATH  Registered No.
	11	1. NAME OF DECEASED (Type or Print) Gerteude Shortt	2. DATE OF DEATH 12 16 53
ilddns		3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
ully s	y.	HOSPITAL OR INSTITUTION  St. Agnes Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
care	and legibly.	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  Sunset Beach
uld be	and	5. SEX  6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   Under 1 year   H Under 24 Hours   Months   Days   Hours   Min.
VDING information should be carefully supplied.	the causes of death clearly	10A. USUAL OCCUPATION (Givekindof lob. KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
G matio	leath o	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  Emma M. Bead, Lause
BINDING of inform	s of d	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT DDRESS
	cause	18. 33/X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
E P	te the	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	hal Vasular Jacolet ppy 12ho
62	9	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	Dance
RESE	O. 1	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	a fair fairen alle Line.
MARGIN	Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE	
MA	Physi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OF	PERATION IF OPERATION WAS RELATED TO 1 20. AUTOPSY?
WITH	ant.	WAS PERFORMED  VAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (	CAUSE OF DEATH, ENTER IN PART I OR PART II
		OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)  2 1D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	
PLAINLY.	_	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	E
		deceased alive on 12-15, 1953, and that death occur	$2-14$ , $1953$ , to $12-15$ , $1959$ , that I last saw the red at $6^{15}/4$ m., from the causes and on the date stated above.
WRI	e is	V Herumelway ff M. D.	38. ADDRESS Loyal 239. DATE SIGNED
ASE	ect ag	24A. BURIAL CREMA: 24B. DATE TION, REMOVAL (Specify) Burial 12/18/53 Cedar Hill	Baltimore, Md.
PLE	corr	DATE RECEIVED BY REGISTRAR'S SIGNATURE	JOHN F. DENNY, INC. 715 Light St.
		VS 150 300	-30

L.M.D. Dr. L. Gundry

Per Earl.

		3 11078 CERTIFICAT	E OF DEATH Registered No. 11078
	1.	NAME OF DECEASED William F. Heintz	2. DATE OF DEATH Dec. 14.1953
	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Ą		3213 Dillon St.  Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
		Length of stay in Baltimore Appr. 69 yrs Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	3213 Dillon St.  18. DATE OF BIRTH 9. AGE (In years   11 Under 1 Year   11 Under 24 Hours
		Male White Widowed, DIVORCED (Specify Married	May 22, 1879   last birthday)   Months Days Hours Min.
	work	A. USUAL OCCUPATION (Give kind of done during most of working life, oven if retired) etired (Watchman) Warehouse	11. BIRTHPLACE (State or foreign country)  Germany  12. CITIZEN OF WHAT COUNTRY?  U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	4.77	Herman Heintz	Teeney Heintz
	Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Mrs Albertina Heintz 3213 Dillon St.
	NOI	CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO	OF DEATH  NO Schoole Candio Vasculus Select 10 yrs
4	RTIFICATION	UNDERLYING CONDITION LAST. (C)	
2	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	day anemia
	SAL	19a, DATE OF OPERATION () 19B, MAJOR FINDINGS OF OPE	YES NO I
2021	MEDIC,	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
	~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
		22. I hereby certify that I attended the deceased from	rred at 6 2 f.m., from the causes and on the date stated above.
		23A. SIGNATURE BOLL aghi MD M.D.	236. ADDRESS Belair Rd 23c. DATE SIGNED 12/15
0 3	Z4 TIC	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	
1	DA	Burial   12/17/53   Moreland Me ATE RECEIVED BY REGISTRAR'S SIGNATURE DCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
		VS 150	John A. Moran 3000 E.Balto.St.



The

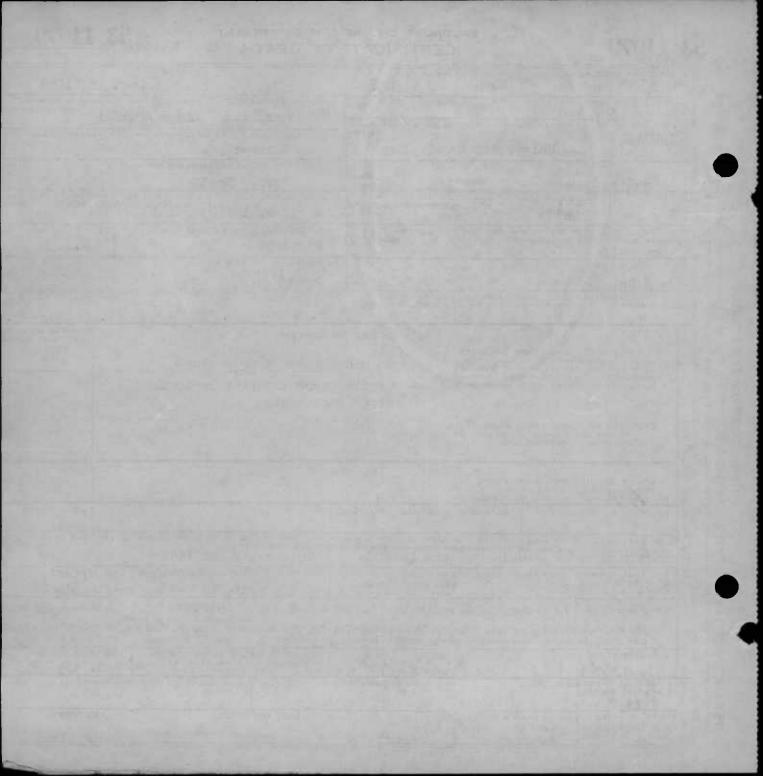
5	R-000 3 11079 BIRTH NO.
1	1. NAME OF DECEA (Type or Print)
1	3. PLACE OF DEATH

N999. V

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11079

BIRTH NO		C	LICIN ICAN	L OI BLAITI	A	
	OF DECEASED	Vi	rginia		2. DATE	
(Type or P	rint)	NORMA	_ RAY		DEATH Dec.	15, 1953
	OF DEATH: ore City, Maryland	HUMAT		4. USUAL RESIDENCE (		institution: residence
B. FULL N		al or institution	n, give street address or location)			
INSTITUT	ION	noite Vac			I outside corporate iimi	ts, write RURAL and give township)
3 V	OUTAGE	rsity Hos		Hanover		
c. Length	of stay in Baltimore		Yrs. Mos. Days	Dorsey Ros		
5. SEX	6.COLOR DR RACE	7. SINGLE, I		8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year   If Under 24 Hours
Fenal		Mar	ried (Specify)	April 6, 1925		onths Days Hours Min.
work done durin	AL CCCUPATION (Give kind of ig most of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	toreign country)	WHAT COUNTRY
	R'S NAME			14. MOTHER'S MAIDEN N	IAME	
Edwin	Shipley			Ruth (Mary) Ruther Disney		
15. WAS DE	CEASED EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
(Yes, no or un	(lf yes, give war or date	s of service)	SECURITY NO.	Mr. Russell W.		
-		1.5			nay bursey n	INTERVAL BETWEEN
18. E	954.7		CAUSE	OF DEATH		ONSET AND DEATH
_ D	ISEASE OF CONDITION LEADING TO DEA			. 0.33		
(Th	is does not mean the mode	of dying, e.g.,	(A) Bronch	opneumonia follo	wing	
inju	t failure, asthenia, etc. It mea ry or complication which	caused death.)	_DUE TO Cardia	c arrest during	pentothal	
	ANTECEDENT CAU	SES		anesthesia	<b>*</b>	
					***************************************	
	EASES OR CONDITIONS, 1 TO THE ABOVE CAUSE (A)		DUE TO			
F UNI	DERLYING CONDITION L		(C)			
0			(0)			
ATI OTH	HER SIGNIFICANT COND	ITIONS CON-				
TRIE	BUTING TO THE OEATH, BUT	NOT RELATEO				
A S MARKET MARKET ST	THE DISEASE DR CONDITION		INDINGS OF OPER	ATION		20. AUTOPSY?
A   A   A	ATE OF OPERATION					YES X ND
UNDER	XTERNAL CAUSE WAS RLYING M OR CONTRIB- CAUSE OF DEATH.	about home, farn	E OF INJURY (e. g., i m,factory,street,office bldg., 10 Spital	University H		2
∑ 21b. T	ME (Month) (Day) (Year,	(Hour)   21	E. INJURY OCCURR		Y OCCUR? Cardia	ic arrest
Dec.	12, 1953		ORK NOT WHILE	X during pentot	hal ether and	esthesia
22. 1	certify that I took char	rae of the ri			topsy	thereon and from
				Autopsy.	Inspection or Inquiry	
a	nd death in my opinion	resulted fro	m: natural eauses	Inquiry, find that said $a$ $\Box$ , accident $oxtimes$ , suicide	🖂 🔲, homicide 🔲,	undetermined [].
230.5	IGNATURE O	Jach	mark	238. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGA	EXAMINER	ec. 15, 1953
24A. BUR TION, RIMO	TAL, GREMA- VAL (Specify)	1 24	C. NAME OF LEMETE		OCATION (City, town	, or county) (State)
P (K)	61 Burial 12/17	53	Meadowridge		ltimore Md.	1000000
	EGISTRAR REGISTRAR	SSIGNATUR	F	25. FUNERAL DIRECTOR	1 0	ADDRESS
DEC.	6 3 4 miles	uston V	Islander, M.	81/m. O. Trekner!	com one. B	allo md f
V S 151	N999 2	0		V		



### BALTIMORE CITY HEALTH DEPARTMENT

59 44000

_	RTH NO.								
	NAME OF D	ECEASED	77	779			2. DATE OF		.053
3	PLACE OF D	FATH:	Frank	Hlista	DEATH Dec. 15.1953				
		City, Maryland		tion, give street address or	A. STATE B. COUNTY before admissi				
B. 8	FULL NAME			1~	aldes	19 13-			
	STITUTION			location)	c. CITY OR TO		f outside corpora		rite RURAL an tow
1		St. Joseph	s Hos	pital	Baltim				
	11			Yrs. Mos.	D. STREET ADE				6000
		gth of stay in Baltimore Days    6. COLOR OR RACE   7. SINGLE, MARRIED.					Avenue -		1
5.	SEX	8. DATE OF BIF	RTH	9. AGE (In ye last birthd	ears     Worth	B Days Hours			
1	Male White Divorced (Specify)				Sept. 19,	1886	67		
10.	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	D OF BUSINESS OR	11. BIRTHPLAC		oreign country)	12	CITIZEN OF
		ransit - Opera		INDUSTRI	Austria	9.			USA
	FATHER'S				14. MOTHER'S	MAIDEN N	AME		
		Joseph Hlis	ta		Fr	ances :	Pustelnik		
15	. WAS DECEASI	ED EVER IN U. S. ARMEI		16. SOCIAL	17. INFORMAN			ADDI	DECE
(Yes	, no or unknown)	(If yes, give war or date		SECURITY NO.	Mrs. Jose		ata 3016		
	Yes 18. 490	World- I			OF DEATH	bu urr	Sua 3710	Myrcie	INTERVAL BET
NO	DISEASE	complication which of ANTECEDENT CAUSES OR CONDITIONS, I	caused death SES	(B)	ongestive	Heart I	Failure		
CERTIFICATION	DISEASE: RISE TO T UNDERLY OTHER SIG	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA  BI SINIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSING	caused death SES  IF ANY, GIVIN STATING TI AST.  CONTRIBUTE GRELATED TO G IT.	(B) C  (B) C  NG  HE DUE TO  (C) C  UTING  O THE	: Exfoliative	Derma	titis		
CERTIFICA	DISEASE: RISE TO TUNDERLY OTHER SIGNOTHER SIGN	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LAST CONDITIONS DEATH BUT NOT DR CONDITION CAUSING OF OPERATION	caused death SES IF ANY, GIVIN STATING TI AST. CONTRIBUTE RELATED TO G IT. 19B. CONDI	(B) C  NG HE DUE TO  (C)  UTING O THE  ITION FOR WHICH OF	Exfoliative PERATION	Derma	titis ATION WAS REL. OR PART II	ATED TO	20. AUTOPS
ERTIFICA	DISEASE: RISE TO T UNDERLY  OTHER SIG TO THE DISEASE C  19A. DATE C	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LAST CONDITIONS DEATH BUT NOT DR CONDITION CAUSING OF OPERATION 1	FANY, GIVING TIANST.  CONTRIBUTED TO GIT.	(B)	Exfoliative PERATION  6. g., in or   21c. Wh	Derma	titis ATION WAS REL. OR PART II	ATED TO	20. AUTOPS
DICAL CERTIFICA	OTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER DISEASE OF SIGNOTHER	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA STREET CONDITIONS DEATH BUT NOT DEATH BUT NOT VERY CONDITIONS OF OPERATION VERY CAUSE OF	caused death SES  F ANY, GIVIN STATING TI AST.  CONTRIBUTE RELATED TO G IT.  19B. CONDI NAS PERFO	(B)	Exfoliative PERATION  e.g., in or 21c. Wholdg., etc.) INJURY ED 21F. HC	Derma:	titis ATION WAS REL. OR PART II	ATED TO NTER IN re City, giv	20. AUTOPS
DICAL CERTIFICA	OTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER DISEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF 19A. TIME OF 19A	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA SIFICANT CONDITIONS DEATH BUT NOT DR CONDITION CAUSING OF OPERATION ENT WAS UNDERLY BUTING CAUSE OF GIFY MEDICAL EXAMINE (Month) (Day) (Year)	CONTRIBUTE OF THE PROPERTY OF	(B) C  NG HE DUE TO  (C)  UTING O THE  ITION FOR WHICH OF DRMED  B. PLACE OF INJURY (chome, farm, factory, street, office  21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK  AT WORK	Exfoliative PERATION  e.g., in or 21c. Wholdg., etc.) INJURY ED 21F. HC	Derma:  IF OPER, CAUSE PART I HERE DID OCCUR?	ATION WAS REL. OF DEATH. EN OR PART II (If in Baltimor	ATED TO NTER IN Pe City, giv	20. AUTOPS YES NC e exact locatio
DICAL CERTIFICA	OTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER DISEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF 19A. TIME OF 19A	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA SIFICANT CONDITIONS DEATH BUT NOT DR CONDITION CAUSING OF OPERATION ENT WAS UNDERLY BUTING CAUSE OF GIFY MEDICAL EXAMINE (Month) (Day) (Year)	CONTRIBUTE OF THE PROPERTY OF	(B) C  NG HE DUE TO  (C)  UTING O THE  ITION FOR WHICH OF DRMED  B. PLACE OF INJURY (chome, farm, factory, street, office  21E. INJURY OCCURRI WHILE AT NOT WHILE AT WORK  AT WORK	Exfoliative PERATION  e.g., in or 21c. Wholdg., etc.) INJURY ED 21F. HC	Derma:  IF OPER, CAUSE PART I HERE DID OCCUR?	ATION WAS REL. OF DEATH. EN OR PART II (If in Baltimor	ATED TO NTER IN Pe City, giv	20. AUTOPS YES NC e exact locatio
DICAL CERTIFICA	OTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER DISEASE OF 19A. DATE OF 19A. DATE OF 19A. DATE OF 19A. TIME OF 19A	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA SIFICANT CONDITIONS DEATH BUT NOT DR CONDITION CAUSING OF OPERATION ENT WAS UNDERLY BUTING CAUSE OF GIFY MEDICAL EXAMINE (Month) (Day) (Year)	CONTRIBUTE OF THE PROPERTY OF	(B)	Exfoliative PERATION  e.g., in or 21c. Wholdg., etc.) INJURY  ED 21F. HC  LE 12  c. 6 th 19  rred at 2:00a  238. ADDRESS	Derma:  IF OPER, CAUSE PART I HERE DID OCCUR?	ATION WAS REL. OF DEATH. EN OR PART II (If in Baltimor	ATED TO NTER IN Pe City, giv	20. AUTOPS YES NC e exact locatio
MEDICAL CERTIFICA	OTHER SIGNOTHER	ANTECEDENT CAUSE S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA STREET CONDITION CAUSING TO PRESENT WAS UNDERLY BUTING CAUSE OF CITY MEDICAL EXAMINE (Month) (Day) (Year)  OUT CETTIFY that I at the Ave on Dec. 15	caused death SES  F ANY, GIVIN STATING TI AST.  CONTRIBUTE RELATED TO G IT.  19B. CONDI NAS PERFO  ING 21E Bout  (Hour) m.  tended the , 19 57	(B)	Exfoliative PERATION  C. g., in or 21c. Wholdg., ob.) INJURY  ED 21F. HC  LE 2:00a  23B. ADDRESS  400 N. C.	Derma:  IF OPER, CAUSE PART I HERE DID OCCUR?  W DID IN  53, to	titis  ATION WAS REL. OF DEATH. EN OR PART II  (If in Baltimor  JURY OCCURT  Dec. 15 the causes and  Street -	ATED TO NTER IN The City, give to the city, give to the city of th	20. AUTOPS YES NC e exact location  hat I last sa date stated a 23c. DATE SIG
MEDICAL CERTIFICA	OTHER SIGNOTHER	ANTECEDENT CAUSE S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA STREET CONDITION CAUSING TO PRESENT WAS UNDERLY BUTING CAUSE OF CITY MEDICAL EXAMINE (Month) (Day) (Year)  OUT CETTIFY that I at the Ave on Dec. 15	caused death SES  F ANY, GIVIN STATING TI AST.  CONTRIBUTE RELATED TO G IT.  19B. CONDI NAS PERFO  ING 21E Bout  (Hour) m.  tended the , 19 57	(B)	Exfoliative PERATION  C. g., in or 21c. Wholdg., ob.) INJURY  ED 21F. HC  LE 2:00a  23B. ADDRESS  400 N. C.	Derma:  IF OPER, CAUSE PART I HERE DID OCCUR?  W DID IN  53, to	ATION WAS RELOOF DEATH. EN OR PART III (If in Baltimor  JURY OCCUR?  Dec. 15  the causes an	ATED TO NTER IN The City, give to the city, give to the city of th	20. AUTOPS YES NC e exact location  hat I last sa date stated a 23c. DATE SIG
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MEDICAL CERTIFICA	OTHER SIGNOTHER	ANTECEDENT CAUSE S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA SINIFICANT CONDITIONS DEATH BUT NOT DEATH D	caused death SES  IF ANY, GIVIN STATING TH AST.  CONTRIBUTE RELATED TO G IT. 19B. CONDI NAS PERFO  ING 21E ER)  (Hour) m.  tended the , 19 5 7	(B)	Exfoliative PERATION  e.g., in or 21c. Wholdg., etc.) INJURY  ED 21f. HC  LE 21f. HC  238. ADDRESS  400 N. C.  ERY OR CREMATO	Derma  IF OPER CAUSE PART I HERE DID OCCUR?  W DID IN  57, to	titis  ATION WAS RELOODED TO DEATH. EN OR PART II  (If in Baltimor  JURY OCCURT  Dec. 15  the causes and  Street  OCATION (City	ATED TO NTER IN Pe City, give to the don the d	20. AUTOPS YES NO Re exact location  that I last sa date stated of 23c. DATE SIG Dec. 15.16 county) (S
MEDICAL CERTIFICA	OTHER SIGNOTOR CONTRIBUTION OF INJURY  21A. ACCIDION CONTRIBUTION OF INJURY  22. I hereby deceased, and 23A. SIGNOTOR CONTRIBUTION OF INJURY	ANTECEDENT CAUSE S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA SINIFICANT CONDITIONS DEATH BUT NOT DEATH D	caused death SES  FANY, GIVIN STATING TI AST.  CONTRIBUTE RELATED TO GENT SECONDINAS PERFO  ING 21E Bout O (Hour) m.  tended the 19 57	(B)	Exfoliative PERATION  C.E., in or 21C. Whole, otc.) INJURY  ED 21F. HC  LE 21F. HC  22 S. ADDRESS  400 N. C.  ERY OR CREMATO  til Cem.	Derma  IF OPER CAUSE PART I HERE DID OCCUR?  W DID IN  57, to	titis  ATION WAS RELOODED TO DEATH. EN OR PART II  (If in Baltimor  JURY OCCURT  Dec. 15  the causes and  Street  OCATION (City	ATED TO NTER IN Pe City, give to the don the d	Dec. 15.1
MEDICAL CERTIFICA	OTHER SIGNOTHER	ANTECEDENT CAUSE S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA SINIFICANT CONDITIONS DEATH BUT NOT DEATH D	caused death SES  IF ANY, GIVIN STATING TH AST.  CONTRIBUTE RELATED TO G IT. 19B. CONDI NAS PERFO  ING 21E ER)  (Hour) m.  tended the , 19 5 7	(B)	Exfoliative PERATION  C.E., in or 21C. Whole, otc.) INJURY  ED 21F. HC  LE 21F. HC  22 S. ADDRESS  400 N. C.  ERY OR CREMATO  til Cem.	Derma  IF OPER CAUSE PART I HERE DID OCCUR?  W DID IN  57, to	titis  ATION WAS RELOODED TO DEATH. EN OR PART II  (If in Baltimor  JURY OCCURT  Dec. 15  the causes and  Street  OCATION (City	ATED TO NTER IN Pe City, give to the don the d	hat I last so date stated (23c. Date 51c county)

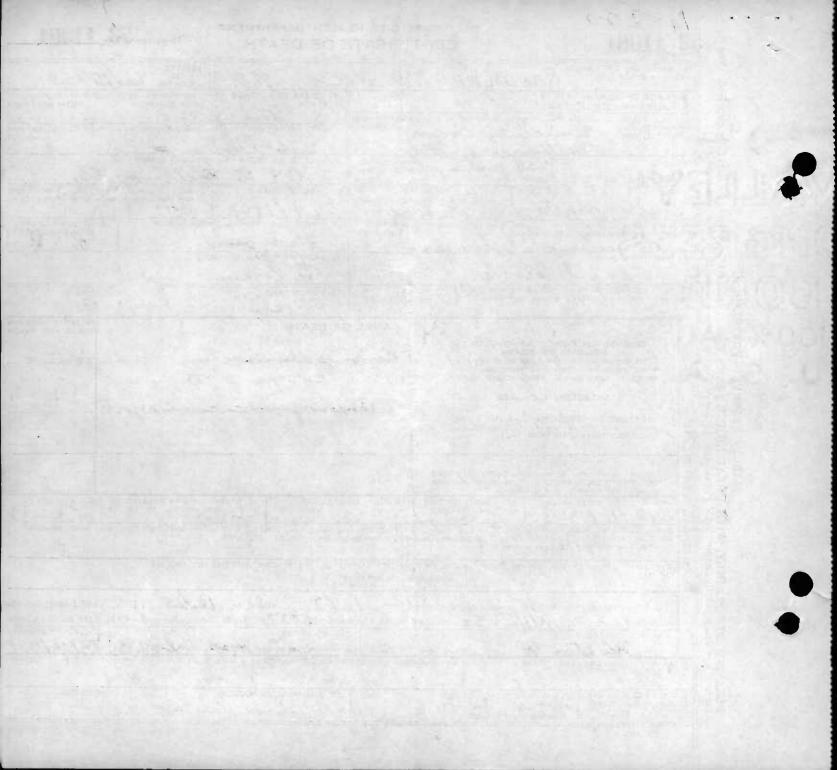
BODY TAKEN BY

NAME\_

ADDRESS\_

DATE\_

The	10 44001	TE OF DEATH  Registered No. 11081					
	1. NAME OF DECEASED RANDOLPH M.	VOCK, M.D. 2. DATE OF 12/15/53					
pplie	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE  B. COUNTY  before admission					
carefully supplied. egibly.	B. FULL NAME OF (If not in hospital or institution, give street address location) INSTITUTION  (If not in hospital or institution, give street address location)						
should be carefu	c. Length of stay in Baltimore Tribute Mo	s. 114 & 911.81					
uld be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH   9. AGE (In years) If Under I Year   It Under 24 Hours					
VDING information shou of death clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY					
VG rmatic death	Edward Nock	14. MOTHER'S MAIDEN NAME Tolorence Byrd					
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS					
ESERVED FOR INK. Every item lease write the can	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE					
MARGIN R UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UDISEASE OR CONDITION CAUSING IT.						
LY, WITH timportant.	194. Date of operation 198. Condition for which was performed was performed	CAUSE OF DEATH. ENTER IN YES NO (e.g., in or 210 WHERE DID (If in Baltimore City, give exact location)					
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP OF INJURY	RRED 21F. HOW DID INJURY OCCUR?					
RITE is espe	22. I hereby certify that I attended the deceased from deceased alive on 12/15, 19 53, and that death oc 23A. SIGNATURE	12/7, 1953, to 12/15, 1953, that I last saw the curred at 1:55 pm., from the causes and on the date stated above 23B. ADDRESS 23C. DATE SIGNED 12/15/1953					
PLEASE W	24A. BURIAL, CREMA- TION, REMOVAL (Specify) 3URIAL 12.17.53 M. E. Ce.	TERY OR CREMATORY 240 LOCATION (City, town, or county) (State)  WE TERY OR CREMATORY 240 LOCATION (City, town, or county)					
PLE	DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR	25. FUNERAL DIRECTOR ADDRESS ALL: Johnson Sales bury, md					
	VS 150	7585					



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BALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

	53	11082	
egistered	No	4140014	

1	BI	RTHINO	BIRTH NO. CERTIFICATE OF DEATH						
	1.	NAME OF DE					2. DATE		
		ype or Print)	4-7	allie			OF 12/12	153	
		PLACE OF DE	EATH: City, Maryland			4. USUAL RES	IDENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)	
	B. F	FULL NAME		tal or institut	tion, give street address or	Marylon			
	HO	OSPITAL OR			location)				
	H	n F-1	University He	ospital		Baltim	ione LL	township)	
		- 0	4		Yrs. Mos.	D. STREET ADD	DRESS (If rural, give location)		
	C.	Length of st	tay in Baltimore		Mos.	613 w.	Lee St		
5	5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIF		Under I Year   If Under 24 Hours on the Days   Hours   Min.	
	A	F	C	Marrie		1-3-	1920 33	Iltiis Days	
			CUPATION (Give kind of of working life, even if retired)	I 10B. KIND	O OF BUSINESS OR		E (State or foreign country)	12. CITIZEN OF	
		hone during most of	I working the, even is received,		INDUSTRY		arolina	WHAT COUNTRY?	
		FATHER'S N	IAME				MAIDEN NAME		
3		A Be	Hs 2.2.		Ly lo la	Mary	22		
	15	. WAS DECEASE	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		DDRESS	
	(Yes.	s, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Burd F. Lo			
1	1	NO 18. 2.2			CALISE	OF DEATH	Min All	INTERVAL BETWEEN	
3		0 2	X	TIGEOTI V	CAUSE	OF DEATH		ONSET AND DEATH	
	A		LEADING TO DEA	TH	cerebro	rascular ac	ridart	26 hrs.	
2		heart failur	not mean the mode ore, asthonia, etc. It mea	ans the disease	se,	79.35-0-1	Crace		
		injury or	complication which	caused death.	a.) DUE TO				
,	Z ANTECEDENT CAUSES  (B) Hypertensive Cerebio vasculor disease 10						10 YIS		
200	NOL		S OR CONDITIONS, I		VG ,	the cerepio varcipe alsease 1973,			
L.	Ĕ	RISE TO TH	HE ABOVE CAUSE (A)	STATING TH					
2	S				(C)				
ny sicianis	TIFICA		11			112111111111111111111111111111111111111			
2	12		NIFICANT CONDITIONS DEATH BUT NOT						
	ᆼ.	DISEASE DE	R CONDITION CAUSING	G IT.	***************************************	EDITION	The second was printed to	LOCALITORSY2	
	L	ISA. DATE C.		WAS PERFO	TION FOR WHICH OF	PERATION	CAUSE OF DEATH, ENTER I		
200	DICAL		ENT WAS UNDERLY	ING 218	PLACE OF INJURY (	e.g. in or 21c. Wh	PART I OR PART II HERE DID (If in Baltimore City,		
7 10	EDI	OR CONTRIB	BUTING CAUSE OF	F about h	home, farm, factory, street, office	bldg., etc.) INJURY	OCCUR?		
important.	ME		(Month) (Day) (Year)		21E. INJURY OCCURRE	2 le HC	OW DID INJURY OCCUR?		
2		OF INJURY	Month) (Day) (Lear)		WHILE AT   NOT WHIL	LE	W DID INJUNT OCCUM.		
GIL	1			m.	WORK AT WORK	K L	1 - 1 - 1 som		
2		22. I hereb	y certify that I at	tended the	deceased from 2/1 and that death occur	1-53 19	), to 12/18/53, 19	, that I last saw the	
A CO		deceased al	live on 12/12/53	., 19	and that death occur	rred at 8 2 p	m., from the causes and on th		
9		23A. SIGNAT	TURE D D			3B. ADDRESS	71 . + 8 Bet.	23c. DATE SIGNED	
20	2	0000	Chema 248 DATE	71	M. D. 24c. NAME OF CEMETE	RY OR CREMATOR	RY 24D. LOCATION (City, town,	or equity) (State)	
2	TIC	IN POMOVAL (S	CREMA- 24B. DATE	11/-	24c. NAME	RIORCILINATO	0 240.	A A	
2	-	Muria	2 1/1/	8/63	gy am	sea g	- lown	arouna	
nasiron		ATE RECEIVED		SSIGNATU	JRE VILLAUSA", J	25. FUNERA		ADDRESS	
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	A.	VS 150			1		661W.	Barre so	
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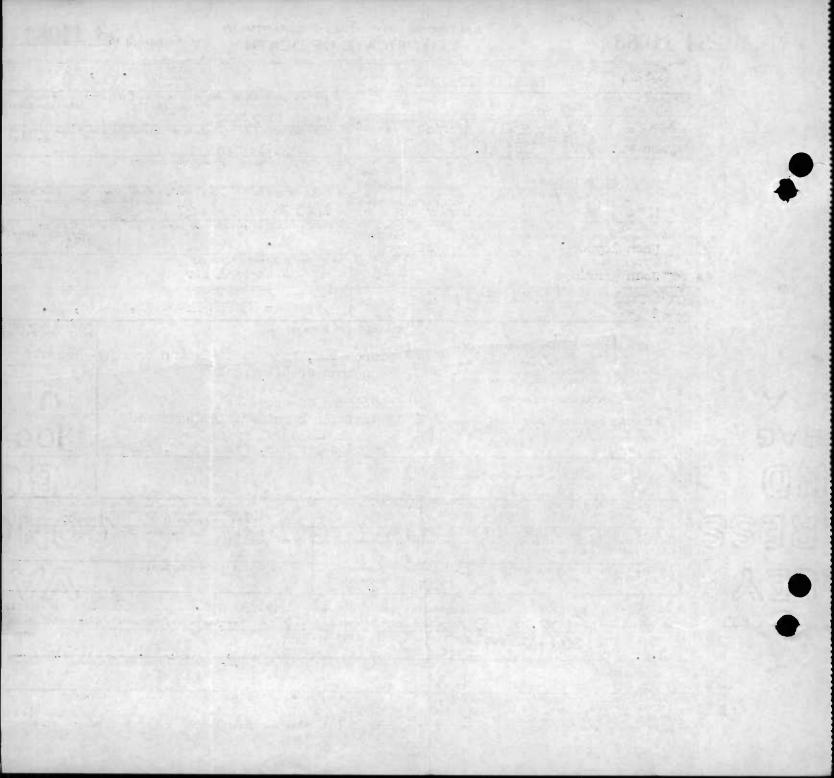
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NOT A MEDICAL EXAMINER'S CASE

CHISPAR ASST. MEDICAL EXAMINER

# BALTIMORE CITY HEALTH DEPARTMENT X Registered No. 11083

BI	LLUOO CERTIFICA	E OF DEATH	eu No.
1.	NAME OF DECEASED  Print) JOHN FRANKLIN BERRIDGE	DEATH	c. 16, 1953
Α.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased live A. STATE  Maryland  B. COUNT	
IIIN	FULL NAME OF (If not in hospital or institution, give street address SPITAL OR US PUBLIC Health Service location Hospital Wann Pk. Drive & 31st St.	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give township)
5	Length of stay in Baltimore Page 1982	D. STREET ADDRESS (If rural, give location	7000
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Widower)	8. DATE OF BIRTH 9. AGE (In year	rs   If Under 1 Year   If Under 24 Hours   Months Days   Hours   Min.
	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  Inemployed * Seafarer	11. BIRTHPLACE (State or foreign country)  Md.	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S NAME  John Berridge	14. MOTHER'S MAIDEN NAME Sarah Faulkner	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT Records- US PHS Hospital	, Balto, Md.
	18. / 7 7 X 1 CAUSI	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH RYON	chitis, bronchiolitis and br	oncho Recent
		eumonia, bilateral	
		inoma of prostate	Old
Z		static carcinoma in lungs an	
CATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	lumbosacral spine riosclerosis, generalized, mi	old
ERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL C	19a. DATE OF OPERATION 19a. CONDITION FOR WHICH WAS PERFORMED	CAUSE OF DEATH, ENT	ER IN YES X NO
EDIC/	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or 21c. WHERE DID (If in Baltimore fice hldg., etc.)	City, give exact location)
Σ	OF INJURY  OF INJURY  OF INJURY  OF INJURY  OT INJURY	HILE	
	22. I hereby certify that I attended the deceased from	une 17 , 1953, to Dec. 16 ,	
	deceased alive on Deceased alive on 1953 and that death oc	curred at 5 A m., from the causes and	on the date stated above
	J.A. Hunter, Clinical Director M.D.	US PHS Hospital, Balto, Md.	12/16/53
Z. TN	4A. BURIAL, OREYA- QN. REMOVAL (Shedity)	TERY OR CREMATORY 24D. LOCATION (City,	town, or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
L	OCAL REGISTRAR	VILLE VILLEY	but a . a lut re

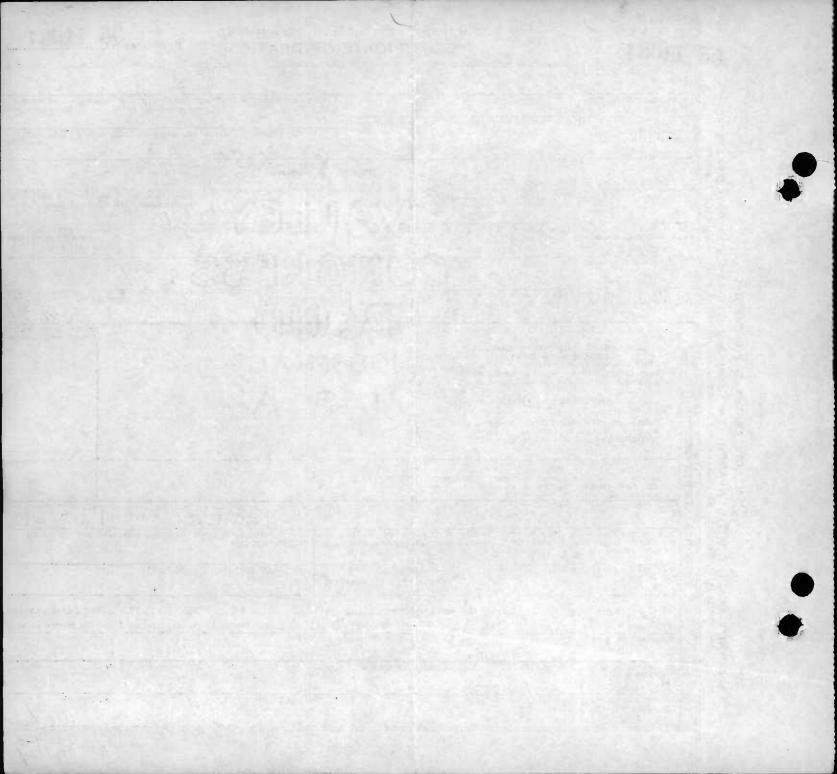


2-650	)	BALTIMORE CITY HE		ENT V Registered No	3 11084
1. NAME OF DECEA (Type or Print)		CERTIFICATI	E OF DEATH	2. DATE OF	1,5/53
3. PLACE OF DEATH A. Baltimore City,		OWEN B.	4. USUAL RESIDENCE	DEATH  CE (Where deceased lived. If in B. COUNTY	stitution : residence before admission
B. FULL NAME OF HOSPITAL OR INSTITUTION		or institution, give street address or location)	c. CITY OR TOWN	(If outside corporate limits,	write RURAL and giv
38 CNIN	ERSITY	HOSPITAL (Yrs.) Mos.	D. STREET ADDRESS	(If rural, give location)	300
c. Length of stay is		Days 7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (ln years Hur last birthday) Mont	der I Year   It Under 24 Hourshis Days   Hours   Min
10A. USUAL OCCUPA	ATION (Give kind of	108. KIND OF BUSINESS OR MUSTRY	S //8/82 11. BIRTHPLACE (Star	7/	2. CITIZEN OF WHAT COUNTRY
RETIRED 13. FATHER'S NAME		askin (Balto P.O.	MARYL 14. MOTHER'S MAID		USF
O WEN	R IN U. S. ARMED F	FORCES?   16. SOCIAL	MARY 17. INFORMANT	JANEMURN	TRESS /
(Yee, no or unknown) (If	yes, give war or dates o		MES UNE	la Kesmodel	5026 Mother
ANTE  Z O DISEASES OR RISE TO THE AR	chenia, etc. It means lication which cau ECEDENT CAUSE: CONDITIONS, IF A BOVE CAUSE (A) S CONDITION LAST	used death.) DUE TO  (B)			
H DISEASE OR COL	ANT CONDITIONS C TH BUT NOT RE NDITION CAUSING 1	LATED TO THE			
19A. DATE OF OP	0 WA	B. CONDITION FOR WHICH OF AS PERFORMED	CAL	OPERATION WAS RELATED TO USE OF DEATH, ENTER IN RT I OR PART II	YES NO
OR CONTRIBUTION	IG CAUSE OF	21B. PLACE OF INJURY ( about bome, farm, factory, street, office			lve exact location)
210. TIME (Month	(Day) (Vonn) (I	Hour)   21E. INJURY OCCURR	ED 21F, HOW DI	D INJURY OCCUR?	
OF INJURY	i) (Day) (Tear) (I	m. WHILE AT NOT WHI			
22. I hereby cer deceased alive o	tify that I atter	m. WHILE AT NOT WHILE AT WORK AT WORK AT WORK 1953 and that death occur	1953, 1953, 1953, 1953, 1953, 1953, 1953, 1953	to $12/15^-$ , $1933$ , rom the causes and on the	date stated abov
22. I hereby cer	tify that I attern 1 2 / 15,	m. WHILE AT NOT WHILE AT WORK AT WORK AT WORK 1953 and that death occur	1953, 1953,	to 12/15, 1933, rom the causes and on the	12/15/5

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	53 11085	CERTIFICATI	E OF DEATH	Registered No.	11085	
1.	NAME OF DECEASED	ne Lyston		2. DATE OF DEG. 1	4/53	
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W		itution : residence before admissio	
H	OSPITAL OR	r institution, give street address or location)		outside corporate limits, w	rite RURAL and g	
	Length of stay in Baltimore	Life Yrs. Mos. Days	604 Nott	ingham Rd		
5.	Remale 6.COLOR OR RACE 7.	SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Widow	July 7, 1870	9. AGE (In years     Undo last birthday)   Months	r l Year   H Under 24 He B Days   Hours Mi	
10 orl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	None BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12.	CITIZEN OF WHAT COUNTR	
13	FATHER'S NAMEGephardt		14. MOTHER'S MAIDEN NA	AME		
15 Yes	5. WAS DECEASED EVER IN U. S. ARMED FO s. no or unknown) (If yes, give war or dates of a	RCES?   16. SOCIAL	17. INFORMANT Mrs.Robert A. ]	ADDE	RESS Ottinghan	
RTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	Y, GIVING ATING THE DUE TO	enioselen 18vaseulai			
CERTIFI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	RELATED				
CAL		MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?	
<b>JEDIC</b>		21B. PLACE OF INJURY (e.g., in sout home, farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK					
		led the deceased from 11. 95.3. and that death occur	red at 2 -m., from th	the causes and on the d	hat I last saw t late stated abou	
	23ASINATURE C	M. D. 3	38. ADDRESS	ILSON I	Z//3/5	
310 310	ON, REMOVAL (Specify)  Dec. 17/5	Holy Redeem		ir R d. Balto	. ,	
-	ATE RECEIVED BY   REGISTRAR'S S	ICNATURE.	28. FUNERAL DIRECTOR	AF	DRESS	

Rd INTERVAL BETWEEN ONSET AND DEATH 5+ YAS 20. AUTOPSY? YES City, give exact location) 192 3that I last saw the on the date stated above. 23c. DATE SIGNED town, or county) Palto. Md. ADDRESS Le 4101 Edmondson Ave.

rs av., he stable he many of the state of the state of 

11	F450		
	3 11086 BALTIMORE CITY HE CERTIFICATI		1086
	1. NAME OF DECEASED (Type or Print) Hazel E. Flym	2. DATE OF DEC. 14	/53
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Institution)  1002 To The Property Action (Institution)	g. CITY OR TOWN (If outside copy ate maits, write	before admis
	c. Length of stay in Baltimore 50 yrs.  6. COLOR OR RACE 7. SINGLE, MARRIED.	b. STREET ADDRESS (If rural, give location)  163 N. Monastery Ave.  8. DATE OF BIRTH  9. AGE (In years) If Under I Ye	iai   Îf Undei 24
	Female White Married WIDOWED, DIVORCED (Specify) Married 100. USUAL OCCUPATION (Give kind of USUAL OCCUPATION (Give kind occupati		TIZEN OF HAT COUN
	Edward O'Brien	Mary Smith	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   16. SOCIAL   SECURITY NO.	John T. Flynn, 163 N. Monast	
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		ERVAL BETV SET AND D
4	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	neive Carbo vareular Renal Diocasa	/ y
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	liñe Circheso 3	bout
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER  21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., li about home, farm, factory, atreet, office hidg., e	or 21c. WHERE DID (If in Baltimore City, give exa	o. AUTOPS ES No
4	CAUSE OF DEATH		

151 Abyut 20. AUTOPSY YES City, give exact location) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT m. 19 5 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Pas 19.57 and that death occurred at 5:36 An., from the causes and on the date stated above. 28A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 7321 24A. BURIAL. CREMA-TION REMOVAL (Specify) BUT181 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) ec.17/53 New Cathedral altimore, Md.

26. FUNERAL DIRECTOR

te mits, write RURAL and give

Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?

ADDRESS Monastery Ave

ADDRESS

Edmondson Ave.

4101

before admission)

township)

If Under 24 Hours

INTERVAL BETWEEN ONSET AND DEATH

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Variablia.

4 BENEFIT HEAVEN . E. W. C. MATERIAN SHOP T. Dec. - words for the control of t goldmonts for the state of the .

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53	11087

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	52	11087
Registered	X9.	TIOO

	11001			CERTIFICATE	E OF DEA	TH Registered	NO.
	BIRTH NO.						
	NAME OF D pe or Print)		lmer 1	Washington		2. DATE OF DEATH De	c. 13, 1953
A. ]	Baltimore C	EATH: Sity, Maryland			A. STATE	DENCE (Where deceased lived, In B. COUNTY	f institution; residence before admission)
HO	SPITAL OR	Baltimore (4940 East	lity II	ion, give street address or Ospital (cation)	Maryla c. CITY OR TOV		its, write RURAL and give township)
3		4940 Laste	III AV	Yrs.	Baltime D. STREET ADD	ORESS (If rural, give location)	17-01
c. ]	Length of s	tay in Baltimore	Life	Mos. Days	403 N	. Gilmor St.#23	"
5. 5	Male	6. COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify)	Nov.16	last birthday) M	If Under 1 Year h Under 24 Hours onths Days Hours Min.
104	. USUAL OC	Negro CUPATION (Givekind of		ried O OF BUSINESS OR		E (State or foreign country)	12. CITIZEN OF
		of working life, even if retired)		INDUSTRY	Mary	land	WHAT COUNTRY?
13.	FATHER'S	AME			14. MOTHER'S	MAIDEN NAME	
15.	WAS DECEASE	s Washingto	n FORCES?	16. SOCIAL	17. INFORMANT	tie Hammond	ADDRESS
(You	n or unknown)	(If yes, give war or date	s of service)	SECURITY NO.		4940 Eastern A	
	18. 154	~		CAUSE	OF DEATH	4/40 -000011111	INTERVAL BETWEEN
CERTIFICATION	DISEASE: RISE TO TUNDERLY OTHER SIG TO THE DISEASE C	not mean the mode ore, asthenia, etc. It mean the mode of the complication which of the complication which of the complication which of the complication is a complication of the complica	ns the diseaseaused death SES  F ANY, GIVIN STATING TH ST.  CONTRIBU RELATED TO	(B)		he Rectum with asis Anemia	
11.	19A. DATE C		VAS PERFC			IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	IN YES NO V
EDICAL	OR CONTRIB	ENT WAS UNDERLY BUTING CAUSE OF IFY MEDICAL EXAMINE	about	B. PLACE OF INJURY ( home, farm, factory, street, office	e.g., in or 21C. Wh bldg., etc.) INJURY	HERE DID (If in Baltimore City OCCUR?	y, give exact location)
Σ	210. TIME OF INJURY	Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WOR	LE	W DID INJURY OCCUR?	(
	22. I hereb	y certify that I at	tended the	deceased from 1:		53, to 12-13, 15 m., from the eauses and on	
	23A. SIGNA		_, 19	and that death occur	23B. ADDRESS	no, from the dated and the	23c, DATE SIGNED
		H John	· von		1,01,0 Fas	tern Ave	n, or county) (State)
119	DE BURIAL,		7/53	no centre	busy	Balani	
L	TE RECEIVE	D BY REGISTRAR	STALL W	URE NAME OF THE PARTY OF THE PA	25. EUNERAL D	Har hu	ADDRESS
	Vs 150				5/1	Conveeler	av

1960 - 1984 See . The second of the second 1 8 - 1 9 L. 10 . Library Belta uners, etc. (20 m) bit Mil vil. . Etc. Naver, eclied 570 me 2 leval possible communications 

24A. BURIAL, FREMA-TION, REMOVAL (Specify) Buriel

DATE RECEIVED BY

LOCAL REGISTRAR

151

correct

24B. DATE

12-19-53

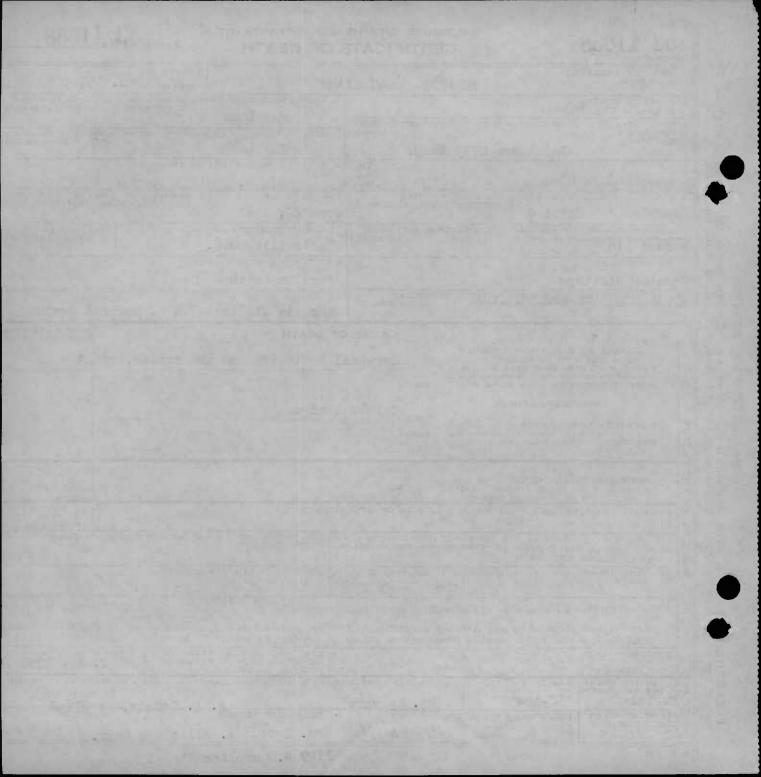
REGISTRAR'S SIGNATURE

53 11088 BIRTH NO.		E OF DEATH Registered No.	11088
1. NAME OF DECEASED (Type or Print)	BERNICE WILL	IAMS 2. DATE OF DEC.	15, 1953
3. PLACE OF DEATH:  A. Baltimore City, Marylan  B. FULL NAME OF (If not in	nd hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY  Maryland	titution: residence before admission
HOSPITAL OR INSTITUTION	location) timore City Hosp.		write RURAL and giv
c. Length of stay in Baltin	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)  814 N. Central Avenue	60
5. SEX 6. COLOR OR Female Color	RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) II lin	der I Year H Under 24 Hours hs Days Hours Min
10a. USUAL OCCUPATION (Giver work done during most of working life, even lines and all of the contract of the	ekind of 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hartsville, S.C.	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Chester Williams		14. MOTHER'S MAIDEN NAME Aurelia Smith	
15. WAS DECEASED EVER IN U.S (Yes, no or unknown) (If yes, give was	ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADD Aurelia Williams-814 N. Centr	PRESS Pal Avenue
(This does not mean the heart failure, asthenia, etc injury or complication of ANTECEDENT  DISEASES OR CONDITION OF THE ABOVE CAU UNDERLYING CONDITED	It means the disease, which caused death.)  CAUSES  ONS, IF ANY, GIVING SE (A) STATING THE DUE TO	al softening and hemorrhage, ri	
OTHER SIGNIFICANT TRIBUTING TO THE DEATH TO THE DISEASE OF CON 19A. DATE OF OPERATION	H, BUT NOT RELATED IDITION CAUSING IT.	RATION	20. AUTOPSÝ?
Z1A. EXTERNAL CAUSE W UNDERLYING OR CON UNDERLYING CAUSE OF D	TRIB.   about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	YES X NO E exact location)
Z 1D. TIME (Month) (Day) OF INJURY			
the evidence obtain	k charge of the remains described of the described of the said Autopsy, Inspection or	SILTONSI	thereon and from
234 SIGNATURES	A line le	238. CHIEF MEDICAL EXAMINER   23c.	DATE SIGNED . 16, 1953

25. FUNERAL DIRECTOR Mrs. Robt. A. Elliott & Dgtr

24D. LOCATION (City, town, or county)

24c. NANE OF CEMETERY OR CREMATORY



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nformation	of death cl
em of i	causes
Every it	rite the
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LAINLY, WITH UNFADING INK. Every item of information should be c	Physicians: 1
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AINI	ally in

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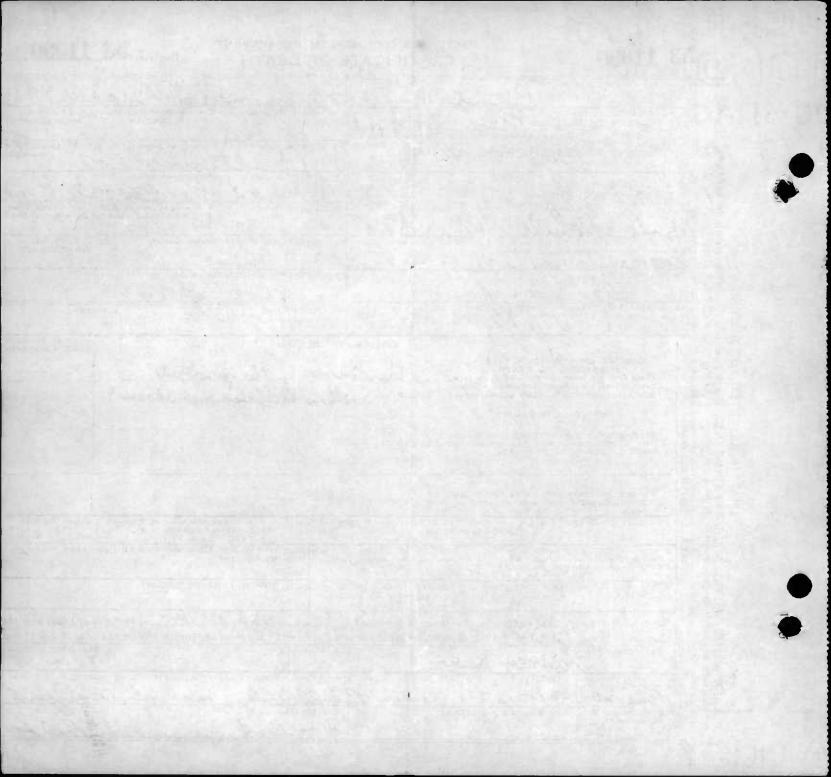
MARGIN RESERVED FOR BINDING

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

E0	44000			IMORE CITY HI				53 110	29
OD	ITTH NO.		C	ERTIFICAT	E OF DEAT	ГН	Registered	MO TIO	00_
1.	NAME OF D		ictoria	M. Harkins	•		2. DATE OF DEATH DECE	nber 14, 1	1953
A.	3. PLACE OF DEATH: a. Baltimore City, Maryland				A. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)				
H	FULL NAME	OF (If not in hospita	al or institution	n, give street address or location)	Maryland	N (If	outside corp rate lim	da typice RURAL	and vive
11 4	1NSTITUTION 629 Dumbarton Avenue			Baltimore de township)					
egibly.				Yrs. Mos.	D. STREET ADD	RESS (If	rural, give location)		
_	c. Length of stay in Baltimore Days				629 Dumbarton Avenue				
an t	emale	6.COLOR OR RACE		MARRIED, D, DIVORCED (Specify) lowed	8. DATE OF BIRT	1 - 1	9. AGE (In years last birthday)	If Under I Year il Un Ionths Days Hot	nder 24 Hours ars Min.
ot death clearly	OA. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KIND C	OF BUSINESS OR	11. BIRTHPLACE	(State or fo	reign country)	12. CITIZEN	OF OF
Sie	housewi		at hom		Pennsylva	nia		U. S. A	
5 13	3. FATHER'S N		0.0 11011		14. MOTHER'S M	IAIDEN NA	AME		
ļ		Florian Sch			unknown				
15 (Ye	5. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	**		ADDRESS	
		~~		0200111111101	Bernard L.	Harkin	ns, 629 Dumb	parton Ave	nue
_	18. 420	1 1		CAUSE	OF DEATH			INTERVAL ONSET AN	
		E OR CONDITION	DIRECTLY	1		. 0			
	(This does	not mean the mode o	f dying, e.g.,	(A)	rougres o	ecu	ups	400	up
1	injury or	re, nsthenia, etc. It mean complication which c	auscd death.)	DUE TO	1				
П		ANTECEDENT CAUS	ES	1	V	1.	1	1000	
Z	DISEASES	OR CONDITIONS	ANY CIVING	(B)	onary a	ruce	cellines	19m	<b>5</b> 3.
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
CA	ONDERE	ING CONDITION LA	311	(C)	************************************	• • • • • • • • • • • • • • • • • • • •	******************************		**************
RTIFIC		11				113117	ne commis		
ER	10 ILIE	NIFICANT CONDITIONS DEATH BUT NOT F	RELATED TO						
ü	DISEASE O	F OPERATION   1	B. CONDITI	ON FOR WHICH O	PERATION	IF OPERA	TION WAS RELATED	TO   20. AUTO	PSY?
AL		0 W	AS PERFORI	MED		CAUSE O	F OEATH, ENTER		но 🗌
S		NT WAS UNDERLY!	NG 21B. F	PLACE OF INJURY (	(e. g., in or 21C. WHI	ERE DID (		, give exact loca	ation)
EDI	DEATH (NOT	IFY MEDICAL EXAMINE		Jones Jones	INGORY	OGGORT			1,23
Σ		Month) (Day) (Year)	(Hour)   21	E. INJURY OCCURR	ED 21F. HOV	נאו סום ע	URY OCCUR?		
	OF INJURY		m. WHILE AT NOT WHILE AT WORK						
	22 I hough	y certify that I att	ended the d	accased from	may 13, 19	Sto 4	Dec 14, 19.	that I last	san the
		ive on See 14	1955 0	nd that death occur					
	23 SIGNA		, 10, (1)		238. ADDRESS	, 0		23c. DATE	
		rick & Va	Unier	/ M. D.	6100 Hors	K K		Dec 15	
2. TI	4A. BURIAL, (SION, REMOVAL (SION)	Pecify) 248. DATE		C. NAME OF CEMETE	-		OCATION (City, tow	n, or county)	(State)
				Holy Redeeme			cimore,	Maryla	nd
	OATE RECEIVE		SSIGNATUR	E,	25. FUNERAL DI	RECTOR		ADDRESS	
correct	DEC 16	106-27	ton it	The Alle And Marie	Mm. Cosh	, Xac	1217 St.	Paul Stre	et

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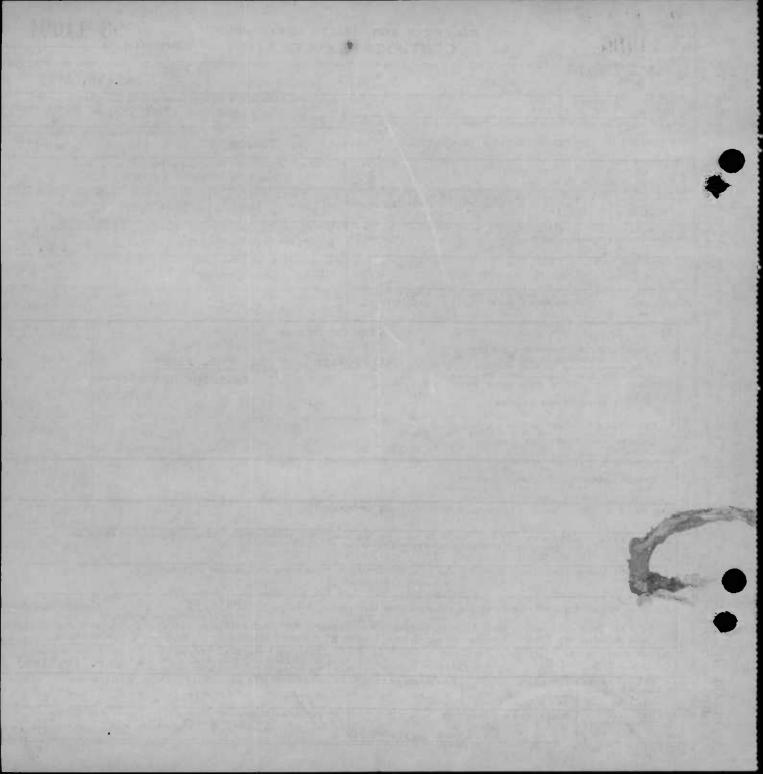
The	14000	HEALTH DEPARTMENT TE OF DEATH Registered No. 11090					
	1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH DEC. 14.1953					
lly supplied.	a. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street adirest thospital or institution)  B. FULL NAME OF (If not in hospital or institution, give street adirest thospital or institution)  B. FULL NAME OF (If not in hospital or institution, give street adirest thospital or institution)  B. FULL NAME OF (If not in hospital or institution, give street adirest thospital or institution)  B. FULL NAME OF (If not in hospital or institution, give street adirest thospital or institution)  B. FULL NAME OF (If not in hospital or institution, give street adirest thospital or institution)  B. FULL NAME OF (If not in hospital or institution, give street adirest thospital or institution)  B. FULL NAME OF (If not in hospital or institution, give street adirest thospital or institution)  B. FULL NAME OF (If not in hospital or institution, give street adirest thospital or institution)  B. FULL NAME OF (If not in hospital or institution, give street adirest thospital or institution)  B. FULL NAME OF (If not in hospital or institution, give street adirest thospital or institution)	A. STATE  B. COUNTY  before admission)					
should be carefully arly and legibly.	c. Length of stay in Baltimere	16. 16.6 a 2 (1) a thing the literal					
	6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORGED (Sp. 10A. USUAL OCCUPATION (Give kied of 10B, KIND OF BUSINESS OR	S. DATE OF BIRTH  9. AGE (In years last hirthday)  5-7-84  9. AGE (In years last hirthday)  Months Days Hours Min.  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF					
ation ath cle	Work tone during post of working life, even if retired)  13. FATHER'S NAME  13. FATHER'S NAME	WHAT COUNTRY?					
DI	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	D. 17. INFORMANT HOPKINS HOSPITAL					
Every item write the cau	DISEASE OR CONDITION DIRECTLY	inma of the prostate					
75	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)						
MARGIN JNFADING Physicians:	TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	*					
H	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJUR	CAUSE OF DEATH, ENTER IN PART I OR PART II  Y (e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location)					
ILY,							
PL. ecia	22. I hereby certify that I attended the deceased from	8.7-, 1953 to 12.14-, 1953 that I last saw the coursed at 1.40 m., from the causes and on the date stated above.					
PLEASE WRITE correct age is esp	24A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEM	TOHNS HOPKINS HOSPITAL 12-14-53 ETERY OR CREMATORY 240. LOCATION (City, town, or county) (State)					
PLEA	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE WITH LOCAL REGISTRAR ADDRESS OF THE LOCAL REGISTRAR WITH LOCAL REGISTRAR ADDRESS OF THE						
	VS 150	29.085					



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	Spare a	May.	(40)	40
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53	11091
Registered No	

BIRTH NO.		ERTIFICATI		4.3	
I. NAME OF DECEASED (Type or Print)	ROSE	SEYMOU		DEATH	15, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland			A. STATE Maryland	(Where deceased lived. If ins	
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION Union Memo:		give street address or location)		If outside corporate limits, v	vrite RURAL and giv township
c. Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS ( 506 Bald	If rural, give location) timore Avenue	
5. SEX 6. COLOR OR RACE White	7. SINGLE, WIDOWEL Widow	D, DIVORCED (Specify)	8. DATE OF BIRTH Dec. 14, 1872	9. AGE (In years   film   Month	der i Year   H Under 24 Hours ns: Days   Hours   Min
10A. USUAL OCCUPATION (Give kind of rock done during most of working life, even if retired) Housewife		F BUSINESS OR INDUSTRY	Baltimore, Mar		U. S. A.
13. FATHER'S NAME Fred Henn	negen		14. MOTHER'S MAIDEN Wilhelmina Wag		
15. WAS DECEASED EVER IN U.S. ARME (Yes, no or unknown) (If yes, give war or date	D FORCES?	6. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Edna G. Le	wis, 5820 Royal	Oak Avenue
ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L.  OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT	IF ANY, GIVING STATING THE	(B)  DUE TO  (C)			
TO THE DISEASE OR CONDITION	NOT RELATED				
TO THE DISEASE OR CONDITION	NOT RELATED N CAUSING IT.	INDINGS OF OPER			20. AUTOPSY?
19A. DATE OF OPERATION 1  19A. DATE OF OPERATION 1  21A. EXTERNAL CAUSE WAS UNDERLYING 0 OR CONTRIB	NOT RELATED N CAUSING IT. 19B. MAJOR F 21B. PLAC about home, farr		n or   21c. WHERE DID	(If in Baltimore City, give	YES X NO
19A. DATE OF OPERATION 1  V 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	NOT RELATED N CAUSING IT. 19B. MAJOR F  21B. PLAC about home, farr ) (Hour) 21 WH	INDINGS OF OPER	n or 21c. WHERE DID etc.) INJURY OCCUR?		YES X NO
19A. DATE OF OPERATION  19A. DATE OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21D. TIME (Month) (Day) (Year OF INJURY  22. I certify that I took char the evidence obtained by	21B. PLACE about home, farm.  (Hour) 21 WH WH WH WHO I Said Autonia	E OF INJURY (e.g., in, factory, street, office bldg., e. INJURY OCCURRILE AT WORK emains described (e.g., Inspection or inspecti	etc.) 21c. WHERE DID etc.) 21f. HOW DID INJU  above, held an Autops; Inquiry, find that said	RY OCCUR?  topsy  v, Inspection or Inquiry deceased died on the	ves No c exact location)  thereon and froday stated abov
19A. DATE OF OPERATION  19A. DATE OF OPERATION  21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB- UTING   CAUSE OF DEATH  21D. TIME (Month) (Day) (Year OF INJURY  22. I certify that I took char	21B. PLACE about home, farm.  (Hour) 21 WH WH WH WHO I Said Autonia	E. INJURY OCCURR LLE AT WORK  mains described of  sy, Inspection or in  natural cause.	ED 21c. WHERE DID	topsy  v. Inspection or Inquiry deceased died on the le, homicide, und L EXAMINER	thereon and from day stated above letermined
19A. DATE OF OPERATION  21A. EXTERNAL CAUSE WAS  UNDERLYING DATE OF DEATH.  21D. TIME (Month) (Day) (Year OPERATION  22A. I certify that I took character  19A. DATE OF OPERATION  24A. DATE OPERATION  25A.	NOT RELATED N CAUSING IT. 19B. MAJOR F  21B. PLAC about bome, fare  (Hour) 19B. Major F  21B. PLAC about bome, fare (Said Autope resulted from 24	E OF INJURY (e. g., in, factory, street, office bldg., factory and the factory and	above, held an Autopsylinguiry, find that said Son Assistant Medical Investig.  RATION  21c. WHERE DID  AUTOPSYLING  Autopsylinguiry, find that said son Autopsylinguiry, suicides and Autopsylinguiry.  Autopsylinguiry autopsylinguiry.  Autopsylinguiry, find that said son Autopsylinguiry.  Autopsylinguiry, find that said son Autopsylinguiry.  Autopsyling	topsy  To	thereon and from day stated above letermined



BI	2-20 3-110	92	BALTIMORE CITY H	EALTH DEPARTME	ENT Registe	53 <sub>0</sub> 11092	
1. ('T	NAME OF D	ECEASED	CAROLINE E. REES	E	2. DATE OF DEATH	Dec. 15, 1953	
	PLACE OF D	EATH: City, Maryland		4. USUAL RESIDENCE	E (Where deceased lines, COUN	ved. If institution: residently before adm	
В.	FULL NAME OSPITAL OR ISTITUTION		cal or institution, give street address of location	marylar Marylar	nd /	e imits, write RURAL as	
13.	ISTITUTION	Guilford A	partments	Baltimo		LOW W	
c.	Length of s	tay in Baltimore	Yrs. Mos. Days	Guilford Apar			
	sex Temale	6.COLOR OR RACE White	7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify Single	8. DATE OF BIRTH	9. AGE (in ye	ars H Under 1 Year H Under y) Months Days Hours	
WOX		CUPATION (Give kind of of working life, even if retired)		11. BIRTHPLACE (States) Baltimore,		12. CITIZEN OF WHAT COUL	
	B. FATHER'S			14. MOTHER'S MAIDE	EN NAME		
15 (Ye	5. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARMEI	D FORCES?   16. SOCIAL	17. INFORMANT George J. Ree		ADDRESS 5 E. Fayette	
CERTIFICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which of the complication of th	TH (A) COTONS ans the disease, caused death.)  SES (B)		ase		
ERTIFI	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT SISEASE OR CONDITION	NOT RELATED				
	19a. DATE C	F OPERATION 1	19в. MAJOR FINDINGS OF OPE			YES X	
MEDICAL	21A. EXTERNUNDERLYIN	NAL CAUSE WAS G [] OR CONTRIB- CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg		(If in Baltimore	City, give exact location	
M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK						
	22. I certi	fy that I took char	rge of the remains described	above, nesa an	rtial autops	the tent and	
	the eve	idence obtained by eath in my opinion	said Autopsy, Inspection or resulted from: natural caus	Inquiry, find that sa	opsy, Inspection or In aid deceased died icide □, homicide	on the day stated of	
	23A. SIGNA		a chiange to	ASSISTANT MEDI	CAL EXAMINER X	Dec. 15, 19	
Z TI	4A. BIRIAL, ON ABMOVAL (S barial	12/18/9	24c. NAME OF CEMET Loudon Park	ERY OR CREMATORY 2 Cemetery	Baltimore,	town, or county) (S Maryland	

If institution: residence befor admission)

mits, write RURAL and give

Months: Days Hours: Min.

E. Fayette St.

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY YES X

thereon and from the day stated above, undetermined 23c. DATE SIGNED Dec. 15, 1953

Maryland

ADDRESS

25. FUNERAL DIRECTOR

y, give exact location)

12. CITIZEN OF WHAT COUNTRY?

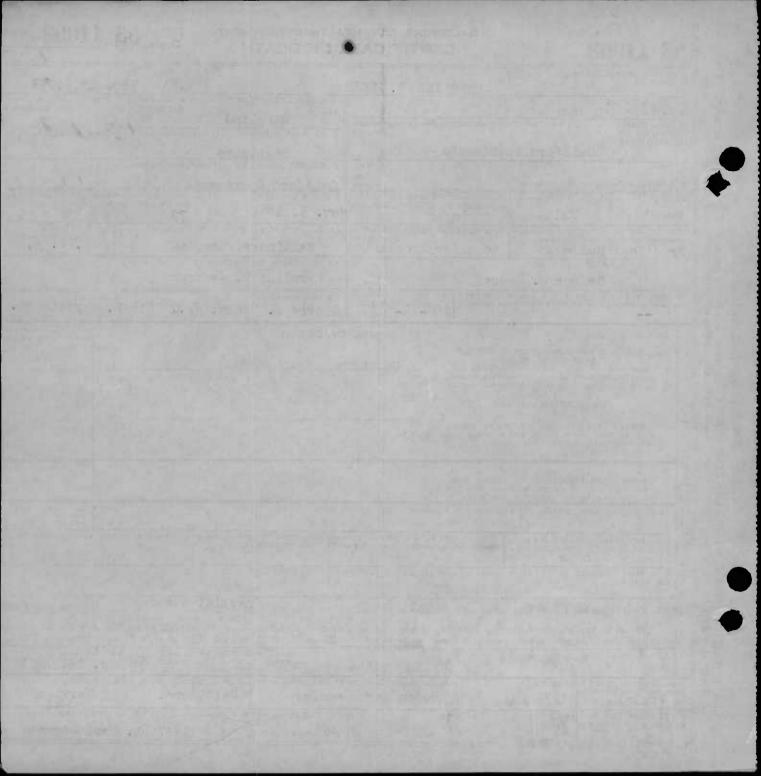
township)

If Under 24 Hours

LOCAL REGISTRAR 1217 St. Paul Street V S 151

REGISTRAR'S SIGNATURE

DATE RECEIVED BY



Registered No. 11093

1. NAME OF DECEASED 2. DATE (Type or Print) EDITH MARSHALL supplied. DEATH Dec. 15, 1953 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or none HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give earefully 1501 Park Avenue INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location Yrs. life Mos. 1501 Park Avenue c. Length of stay in Baltimore Days 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours Min. 8. DATE OF BIRTH 6. COLOR OR RACE If Under 24 Hours 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) on should elearly an female white Oct. 19, 1875 married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired WHAT COUNTRY? INDUSTRY information s of death cle Baltimore, Md. U. S. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Tyler Virginia Poulson BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 1501 Park Avenue Mrs. Edith Cummings eauses of INTERVAL BETWEEN CAUSE OF DEATH 18. 290.1 item ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute coronary occlusion (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. Pernicious anemia with spinal cord ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING complications RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p Arterio aclerosis MARGIN 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY IF OPERATION WAS RELATED TO WAS PERFORMED. CAUSE OF DEATH, ENTER IN WITH important. PART I OR PART II 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e. g., in or OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! especially 5/26 \_, 1928, to\_\_\_ 12/15 , 19 53 that I last saw the 22. I hereby certify that I attended the deceased from... 1953, and that death occurred at 1 A. m., from the causes and on the date stated above. WRITE deceased alive on 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 20 218 E. University Parkway 12 - 15 - 53 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE PLEASE ea Pikesville, Maryland 12 - 17 -53 Druid Ridge Burial John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

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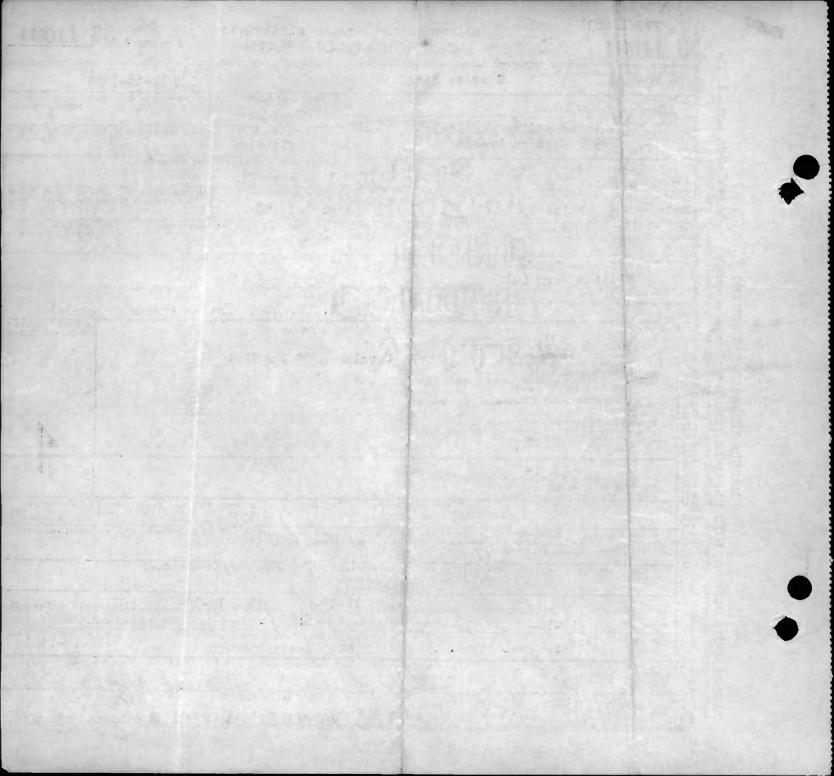
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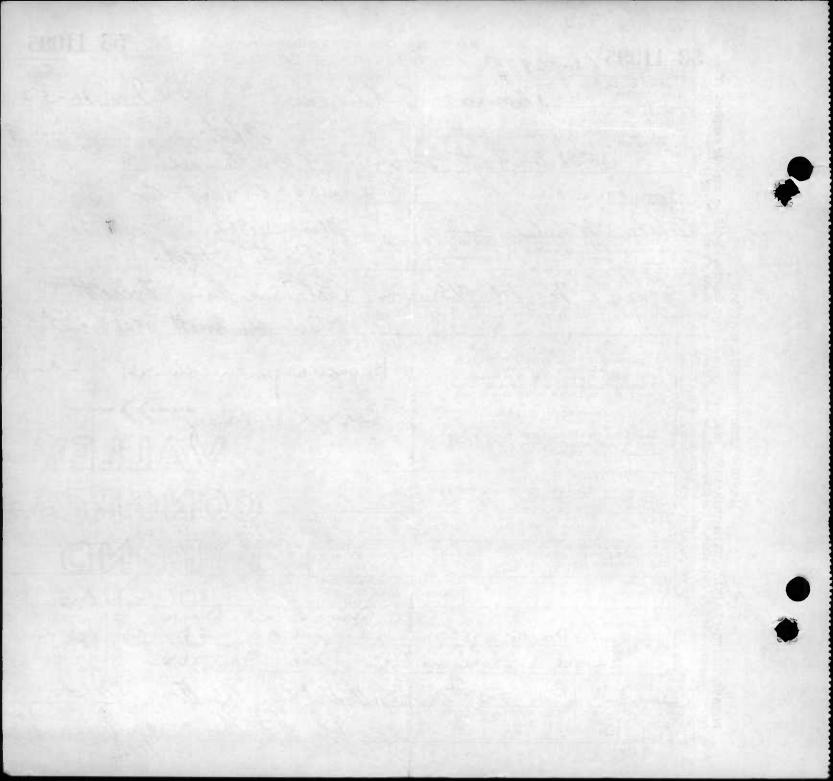
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3 11094

) S	11094 RTH NO.	1		CERTIFICATE	E OF DEAT	TH Registered N	180 TT00.1
1. (T <sub>3</sub>	NAME OF Di	ECEASED	Charles	Berg		2. DATE OF 12-14-1 DEATH	1953
A.	PLACE OF DI Baltimore C	City, Maryland			A. STATE	DENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
B. I	FULL NAMED SPITAL OR STITUTION	Saltimore City 4940 Eastern	y Hospit	n, rive street address or location)	c. CITY OR TOW Balti	N (If outside corporary)limit	s, write RURA rand give township)
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	3520 Bank	RESS (If rural, give location) Street #24	
	sex ale	6.COLOR OR RACE White	7. SINGLE. WIDOWE	ED, DIVORCED (Specify)	an. 10, 18	80 73 last birthday) Mo	M Under 1 Year H Under 24 Haurs onths Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	Mary land	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	NAME			14. MOTHER'S M	MAIDEN NAME	
	Wil	lliam Berg (d)	)		Mary Bent:	z (d)	
15 (Yes	. WAS DECEASE , no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? s of service)	16, SOCIAL SECURITY NO.	17. INFORMANT B. C. H. 49	40 Eastern Avenue (	records)
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 1 19B. CONDITION FOR WHICH OPERATION 1 IF OPERATION WAS RELATED TO 20, AUTOPSY?							
AL CE	19A. DATE C	0   v	98. CONDIT			IF OPERATION WAS RELATED T CAUSE OF DEATH, ENTER PART I OR PART II	IN YES NO I
PART I OR PART II  21A. ACCIDENT WAS UNDERLYING 21B. FLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE AT WORK NOT WHILE AT							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 11-19-, 1953, to 12-14-, 1953, that I last saw the deceased alive on 12-14-, 1953, and that death occurred at 5:05 Pm., from the causes and on the date stated above.							
deceased alive on 12-14-, 19 53, and that death occurred at 2.50 2 m., from the causes and on the date stated above.  23A. SIGNATURE  23A. SIGNATURE  23A. DOWN Common Light C							
D.	AA. BURIAL, ON, REMOVAL (S ATE RECEIVE OCAL REGIST	D BY   REGISTRAR	S SIGNATU	Show of CEMETE	25. FUNERAL DE		shoray hid



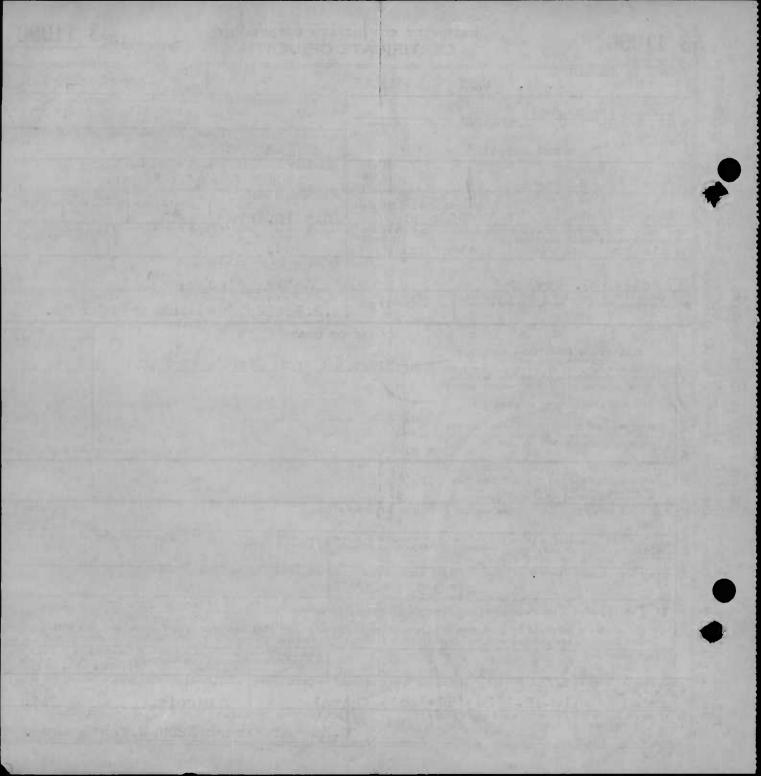
53 11095 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH & (Where deceased lived, If institution; residence 3. PLACE OF DEATH: 4. USUAL RESIDENCE B. COUNTY before admission) A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) AL and give carefully INSTITUTION township) should be carefu Yrs. (If rural, give locati Mos. c. Length of stay in Baltimore Days 6. COLOR OF RACE 7. SINGLE, MARRIED If Under 1 Year | It Under 24 Hours 9. AGE (In years Months Days Hours Min. WIDOWED, DIVORCED (Specify) last birthday) 25 clearly 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY information death 13. FATHER'S NAME MARGIN RESERVED FOR BINDING own 5. WAS DECESSED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL of SECURITY NO. of 60.0 DEATH CAUSE OF 18. item Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .... 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 20. AUTOPSY? 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION WAS PERFORMED CAUSE OF DEATH, ENTER IN NO YES PART I OR PART II 21a. ACCIDENT WAS UNDERLYING | 21a. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Bultimore City, give exact location) OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE especially , 1953, to WEC 16 June 8 19 3 that I last saw the 22. I hereby certify that I attended the deceased from\_ deceased alive on 1/20 16, 19 53, and that death odurred at 6 A.m., from the causes and on the date stated above WRITE 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 12 Flamaau 340 That 24A. BURIAL, CREMA-PLEASE TION REMOVAL (Spegify) a DDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE english I'l white !! VS 150



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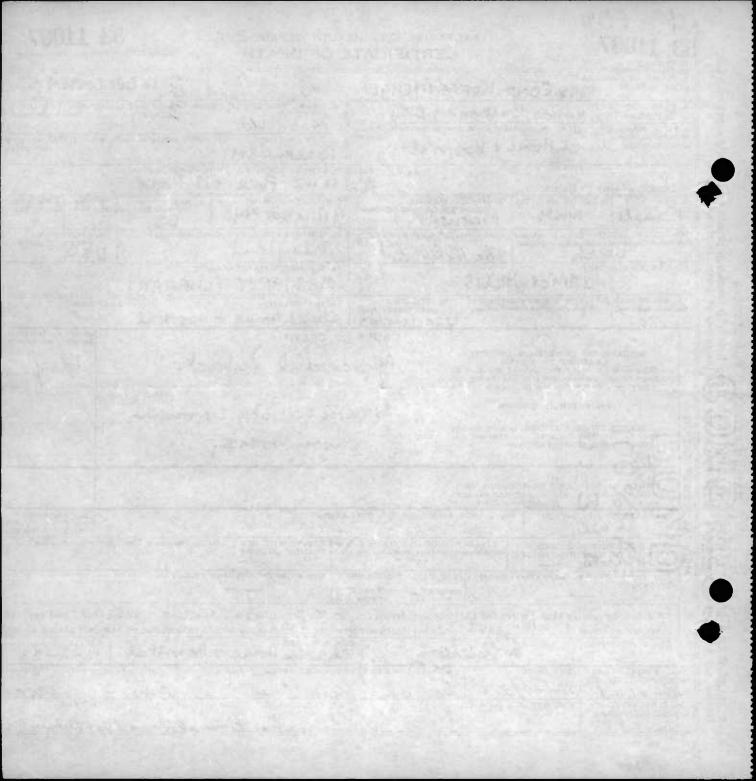
Registered	53	11096
Registered	No.	

BIRTH NO.	CERT	rificate	OF DEATH	Reg	istered No.	
1. NAME OF DECEASED (Type or Print) J. A.	GARY	FOWLER		2. DATE OF DEATH	1	er14, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospita	al or institution, give s	treet address or	4. USUAL RESIDEN	- P CC	ed lived. If instit	tution : residence bare e admission)
HOSPITAL OR INSTITUTION Lutheran Hos		location)	c. CITY OR TOWN Balti	(If outside corr more	power limits wr	ite LAL and give township
10	A	ID-Yrs. Mos.	o. STREET ADDRES			
c. Length of stay in Baltimore		Days		Pennsylvan		
5. SEX 6. COLOR OR RACE Male White	7. SINGLE. MARRI WIDOWED, DIV	ORCED (Specify)	8. DATE OF BIRTH  July 16.18'		thday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		INDUSTRY	11. BIRTHPLACE (St.		ry) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	1 4 22 1 0 2 1 1 2		14. MOTHER'S MAIL	DEN NAME	•	
Joseph O. Fowler			Katie L	eitah		
15. WAS DECEASED EVER IN U.S. ARMED	FORCES?   16. SO		17. INFORMANT	270011	ADDR	ESS
(Yes, no or unknown) (If yes, give war or dates	s of service) SE	CURITY NO.	m.M.Fowler	5926 Joh	nny Cak	e Rd.
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which or antecedent Cause (A)  DISEASES OR CONDITIONS, INCLUDING CONDITION LAW UNDERLYING CONDITION LAW UNDERLYING CONDITION LAW OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT TO THE OISEASE OR CONDITION	raused death.) DUI SES  F ANY, GIVING STATING THE DUI STATING THE AST.  (ITIONS CON- NOT RELATED	B) E TO C)	osclerotic c			
	9B. MAJOR FINDIN	GS OF OPER	ATION			20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB- UTING   CAUSE OF DEATH.	21B. PLACE OF I				nore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  WHILE AT WORK NOT WHILE AT WORK						
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: Inatural causes , accident , suicide , homicide , undetermined .						
23A. SIGNATURE	Ja lano	colo M	23B. CHIEF MEI ASSISTANT MEI D. MEDICAL INVE	DICAL EXAMINER DICAL EXAMINER STIGATOR	23c. D	15, 1953
24A. BURIAL. CREMA- TION, REMOVAL (Specify) Burial 12-18-1	V	3.4 (2)	RY OR CREMATORY  ADOL  25. FUNERAL DIRE			Md
DATE RECEIVED BY   REGISTRAR						DRESS



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RESERVED



MARGIN RESERVED FOR BINDING

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5	3 5 6	-177406					
	BI	RTH NO.	3-2				
	1. (T	NAME OF D	ECEASED				
	3. A.	PLACE OF D Baltimore (	City, Mar				
	H	FULL NAME OSPITAL OR STITUTION	Bait				
and legibly.	С.	Length of s	tav in Ba				
ס		SEX	6.COLOF				
		Male	Negr				
learly		A. USUAL OC done during most c					
death clearly	13. FATHER'S NAME						
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2.							
ease write	NO		ANTECEE				

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# BALTIMORE CITY HEALTH DEPARTMENT

53 11098\*

BIRTH NO	53-2967	2	CERTIFICATI	- 01 DEA		
(Type or Pr		aby Boy	Retha Brown		DEATH	12-8-53
A. Baltimo	ore City, Maryland	-1 ! ^!^ ^!		A. STATE	Maryland B. COUNTY	
HOSPITAL INSTITUTI	OR Baltimore ON 4940 Easter	ity Hos	pitals location)	c, CITY OR TOV	VN (If outside corporate Baltimore	imits write RURAL and give township)
	of stay in Baltimore	Li	fe Yrs. Mos. Days		715 W. North Ave	, 17
5. SEX	6.COLOR OR RACE	7. SINGLE, WIDOWE	, MARRIED, ED, DIVORCED (Specify) NGLE	Dec. 12,	last hirthday)	Months Days Hours Min.
	L OCCUPATION (Give kind of s most of working life, even if retired)		OF BUSINESS OR INDUSTRY	Maryla	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHE				14. MOTHER'S	MAIDEN NAME	
	John Co	ley		Bro	own	
15. WAS DE (Yes, no or unk	CEASED EVER IN U. S. ARME nown) (If yes, give war or date	D FORCES?	16, SOCIAL SECURITY NO.	B. C. H.	1940 Eastern, Ave	ADDRESS (records)
RISE	ANTECEDENT CAUSTASES OR CONDITIONS, INTO THE ABOVE CAUSE (A) ERLYING CONDITION LA	F ANY, GIVING				
TO OISE	R SIGNIFICANT CONDITIONS THE DEATH BUT NOT ASE OR CONDITION CAUSING	RELATEO TO	THE			
19A. DA	ント	WAS PERFOR			IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	THE THE YES NO
OR CON	CCIDENT WAS UNDERLY STRIBUTING CAUSE OF (NOTIFY MEDICAL EXAMINE	F about he	PLACE OF INJURY ( ome, farm, factory, street, office		IERE DID (If in Baltimore 6	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  DI. WHILE AT NOT WHILE AT WORK						
22. I I	ereby certify that I at ed alive on 12-8	tended the	deceased from 1	2-7-53 19	m., from the causes and	
23A, SI	GNATURE 11. C. Jul	un Mu.	м. р.	940 Eastern	, Ave Balto. Md	12-8-53
cremat		2	768 016.	77 44 3	240. LOCATION (City, 14940 Eastern	Ave. Balto. Md.
DATE RECLOCAL RE		S SIGNATU	REJULIANCE CITY	25. FUNERAL D	DIRECTOR	ADDRESS

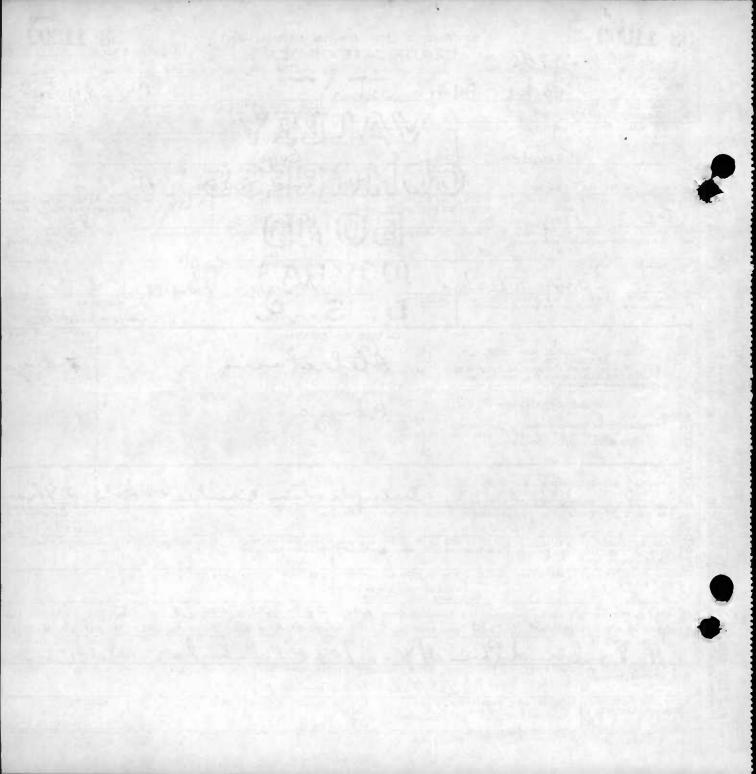
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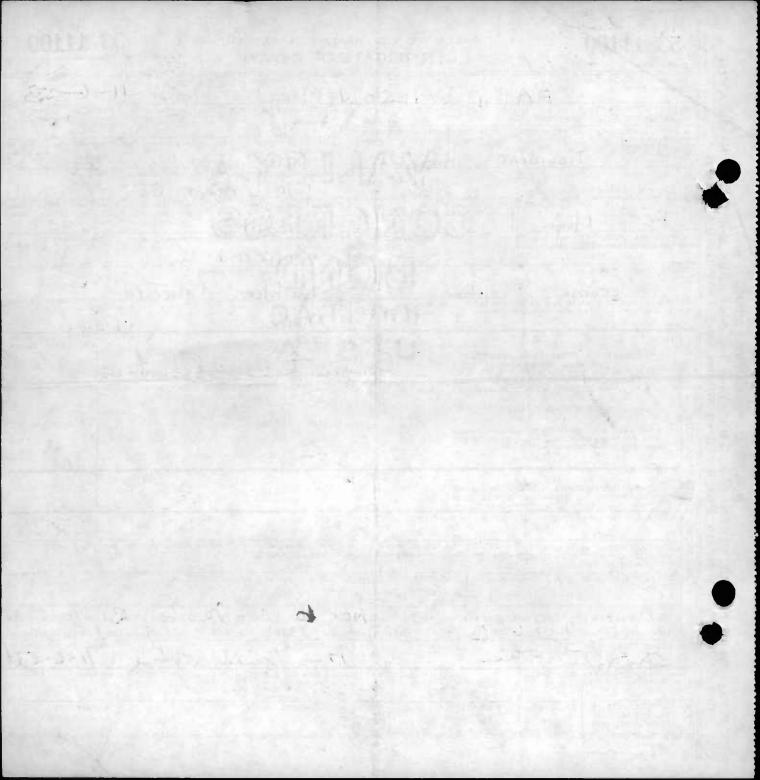
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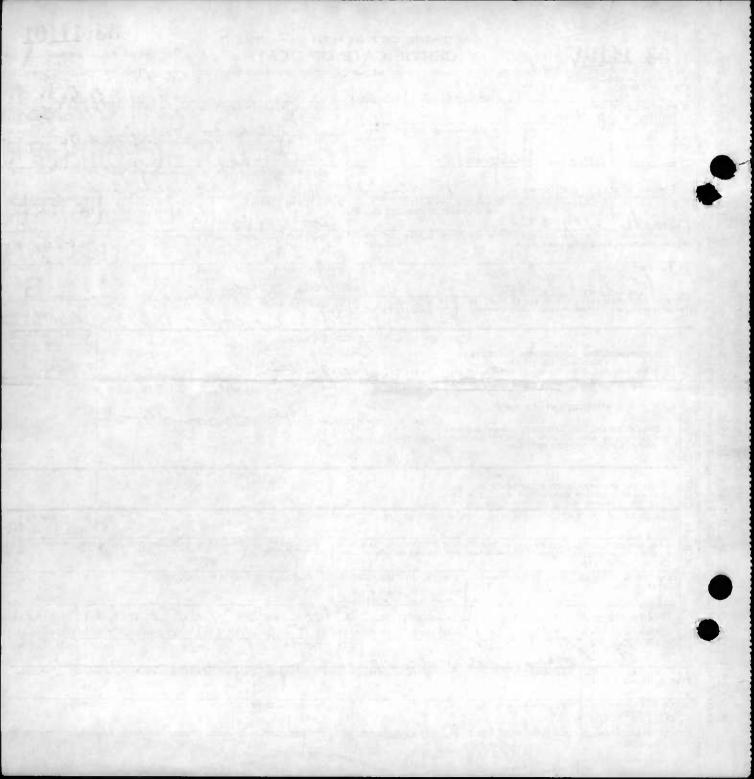
CEDTIFICAT	EALTH DEPARTMENT  F OF DEATH  Registered No			
BIRTH NO. 2 2 0 10 6	E OF DEATH Registered No.			
1. NAME OF DECEASED Carry Ellen Wils	2. DATE OF DEATH 100. 29,1953			
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location INSTITUTION				
Moudent Hosp.	Balto. 5-01 township)			
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)  1204 Waldo C+.			
c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 House			
re negro WIDOWED, DIVORCED (Specify	last birthday) Months Days Hours Min.			
IOA. USUAL OCCUPATION (Of ekind of the local state	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	Amanda Haskins			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS			
(11 Yes, give war or dates of service) SECURITY NO.	Mother Same address			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE  (A)  DUE TO	OF DEATH  INTERVAL BETWEEN ONSET AND OEATH  Aday  The state of the sta			
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,  (C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	dration Dianhea + Alkoh; 24ha			
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?			
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.,				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK				
22. I hereby certify that I attended the deceased from Nov. 22, 1953, to Nov. 29, 1963, that I last saw the				
deceased alive on Nov. 29, 1953, and that death occurred at 3:45 A.m., from the causes and on the date stated above.				
23A. SIGNATURE Land Chrief & M. D.	238. ADDRESS 1038 Edwarden 12-1-53			
24A. BURIAL. CREMA- TION, REMOVAL (Specify) 24B. DATE 24C NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			

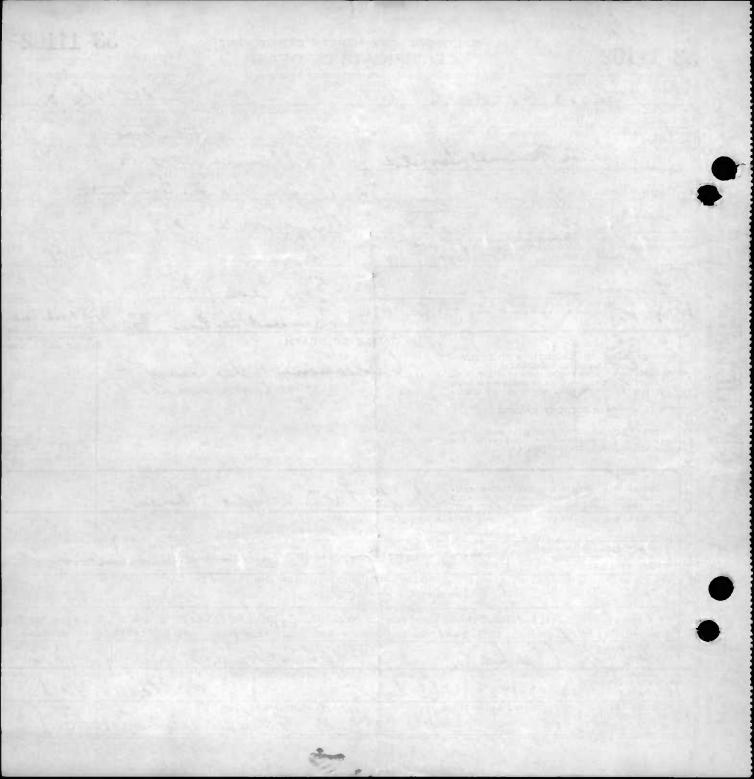


CERTIFICATE OF DEATH Registered No.	11100			
1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:    AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If institution of the print)   AUSUAL RESIDENCE (Where deceased lived, If it is the print)   AUSUAL RESIDENCE (Where deceased lived, If it is the print)   AUSUAL RESIDENCE (Where deceased lived, If it is the print)   AUSUAL RESIDENCE (Where deceased lived, If it is the print)   AUSUAL RESIDENCE (Where deceased lived, If it is the print)   AUSUAL RESIDENCE (Where deceased lived, If i	- 4 )			
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate lights, wr	refore admission)			
c. Length of stay in Baltimore  3 Dors Mos. Days  D. STREET ADDRESS (If rural, give location)  (Incent CT)  5. SEX   6. COMOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (in years)   10 longer   10 longer   11 longer   11 longer   12 longer   12 longer   13 longer   13 longer   14 longer   14 longer   14 longer   15 longer   1	1 Year   If Under 24 Hours			
MIDOWED, DIVORCED (Specify)  Nou. 6, 1953  last birthday) Months  Nou. 6, 1953  Identify Months  108. KIND OF BUSINESS OR  11. BIRTHPLACE (State or foreign country)  12.	Days Hours Min.			
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME	WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or unknown) (If yea, give war or dates of service) SECURITY NO. 17. INFORMANT ADDR				
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK				
22. I hereby certify that I attended the deceased from NOV 20, 19, to 6, 19 that deceased alive on 6, 19 3. and that death occurred at 7:30 Pm., from the causes and on the date				
234 SIGNATURE  238. ADDRESS  M. D. 1723  M. D. 1723  M. D. 24D. LOCATION (City, town, or extension)  240. BURIAL. CREMA- TION, REMOVAL (Specify)  240. LOCATION (City, town, or extension)	ounty) (State)			
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADI	DRESS			
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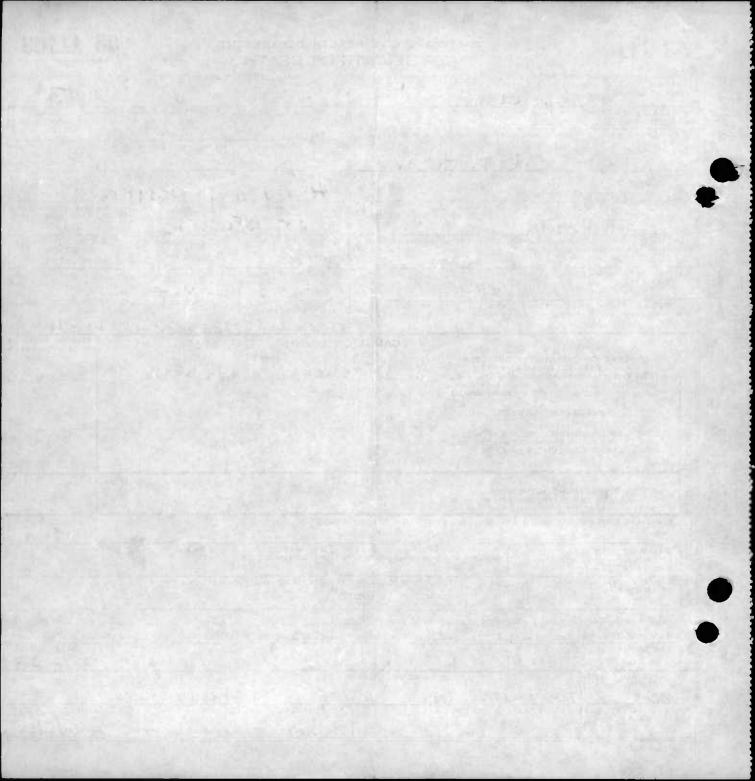


	RI	140 14104	TE OF DEATH Registered N	53 11101		
	(T	NAME OF DECEASED  Special Print  PLACE OF DEATH: Baltimore City, Maryland	2. DATE. OF DEATH JA. USUAL RESIDENCE (Where deceased live). If A. STATE			
	B. HC	SPITAL OR STITUTION (If not in hospital or institution, give street address or location stitution)	or Muland of	before admission)  S, write RURAL and give township)		
S 1Dr		Length of stay in Baltimore / O min. Mos. Days	18372. La fayette a	Under 1 Year   If Under 24 Hours		
ally an	10	WIDOWED, DIVORCED (Specify  A. USUAL OCCUPATION (Give kind of dooeduring most of working #16, even if retired)  NOBLE NOTICE (Specify  10B. KIND OF BUSINESS OR INDUSTR	v) last birthday) Mo	nths Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?		
חבמניו כונ		FATHER'S NAME Redd.	14. MOTHER'S MAIDEN NAME			
uses or	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, no or uoknowo) (If yes, give war or dates of service) SECURITY NO.	Vessie Hodger 18378.	party the		
re rue ca		18. 759.3  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,				
piease wil	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	you he anomalies			
nysicians.	CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
11.	AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?		
in por car	MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)  1NJURY OCCUR?				
air		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK				
		22. I hereby certify that I attended the deceased from 9 , 19, to 7 , 195 that I last saw the deceased alive on 9 , 19 , and that death occurred at 7 . ( m., from the causes and on the date stated above				
QT D		23A. SIGNATURE LOUISE Journe M.D.	23B. ADDRESS	23c. DATE SIGNED		
acr ag	2.4 TIO	A. BURIAL, CREMA- N, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town,	or county) (State)		
2011	LC	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS		
		VS 150		1.50		





	. 1. 1 1 1 1 1 1	E CITY HEALTH DEPARTMENT FIFICATE OF DEATH	X Registered No. 11103		
	1. NAME OF DECEASED (Type or Print) Suffice Catherine 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give s	A. STATE	2. DATE OF 2-16-33  There deceased lived. If institution: residence B. COUNTY before admission)		
	UNION MEMORIAL HOS	PITAL Bathmore	outside corporate limits, write RURAL and give township)		
	c. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE WIDOWED, DIVO Widows d.  10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUS	Days   40 A 4 M   70 B   ED, ORCED (Specify)   8. DATE OF BIRTH   2-25-1880	9. AGE (in years   ff Under 1 Year   ff Under 24 Hours		
	work doneduring most of working life, even if retired)  House Wife None  13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	AME WHAT COUNTRY?		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SEC	CIAL TO INFORMANT OSCAR L. SOTTK	ADDRESS ADDRESS A 517 S. ROLLING RD		
	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF DEATH  CORCLEGAL TARON 605;5				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-					
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bidg., etc.)  21B. PLACE OF INJURY (e. g., in or CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?  CAUSE OF DEATH				
	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK				
	Marjorie D. Hendry	t death occurred at 6 m. m., from the 23B. ADDRESS M. D. Union Memorial	he causes and on the date stated above.  Lapeted 12-16-53  OCATION (City, town, or county) (State)		
	BURLAL DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR	2554 MD ADDRESS 2/13		
	VS 150	AULIRICH PUNER	AL HOME PURPAUX.		



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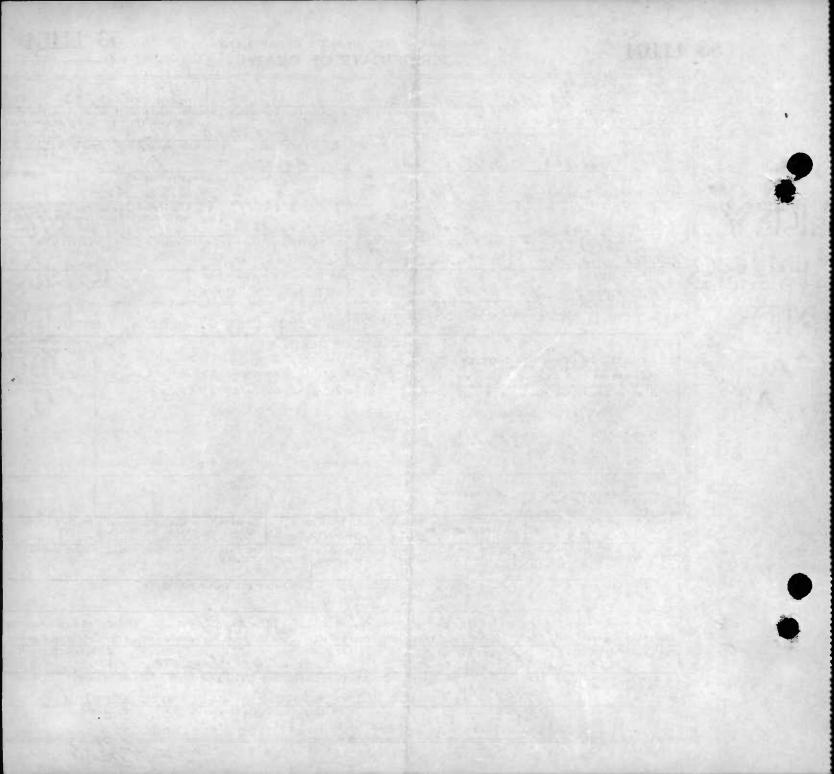
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nic (		CERTIFICAT	E OF DEATH Registered No.
• • • • • • • • • • • • • • • • • • • •	1. (T	NAME OF DECEASED (Sype or Print)  HERMAN SELNKE	2. DATE OF DEATH 12/14/53
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)  MARYAND
III	HIC	OSPITAL OR location)  MERCY HOSPITAL INC.	C. CITY OR TOWN (If outside conformed limits write RURAL and give township)
and legibly.	-	Yrs, Mos.	D. STREET ADDRESS (If rural, give location)  1809 N. Mil Top AVE
		SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 19. AGE (In years) If linder 1 Veer 1 II linder 24 liours
clearly an	Work	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  RETIRED FIREMAN  Balto. City	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
death cl	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME Anna Kohlmeyer ?
of	15 (Yes	FREDERICK SEANKE  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 219-28-7318	17. INFORMANT ADDRESS Mrs Margaret G. Sehnke Same.
can	-	18. 578X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
write the		DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	VIESTINAL HEMORRHAGE
-	Z		
UNFADING INK. Physicians: please	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
ician	RTIFIC	II .	
Phys	CER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ed	CAL		PORATOMY CAUSE OF DEATH, ENTER IN YES NO
nport	MEDI	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	e. g., in or DID (If in Baitimore City, give exact location) bldg., etc.) INJURY OCCUR?
especially important.		ED 21F. HOW DID INJURY OCCUR?	
speci		22. I hereby certify that I attended the deccased from 11/deceased alive on 12/13/ 1953, and that death occur	rred at 5 Am., from the causes and on the date stated above.
is is		23A. SIGNATURE M. D. Puller M. D.	Merry Hospital 23c. DATE SIGNED 12/14/53
य ल	TIC	ON, REMOVAL (Specify)	e Cemetery Baltimore Maryland
correct	DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. HWARAY DEENTORY & Sons Incoress

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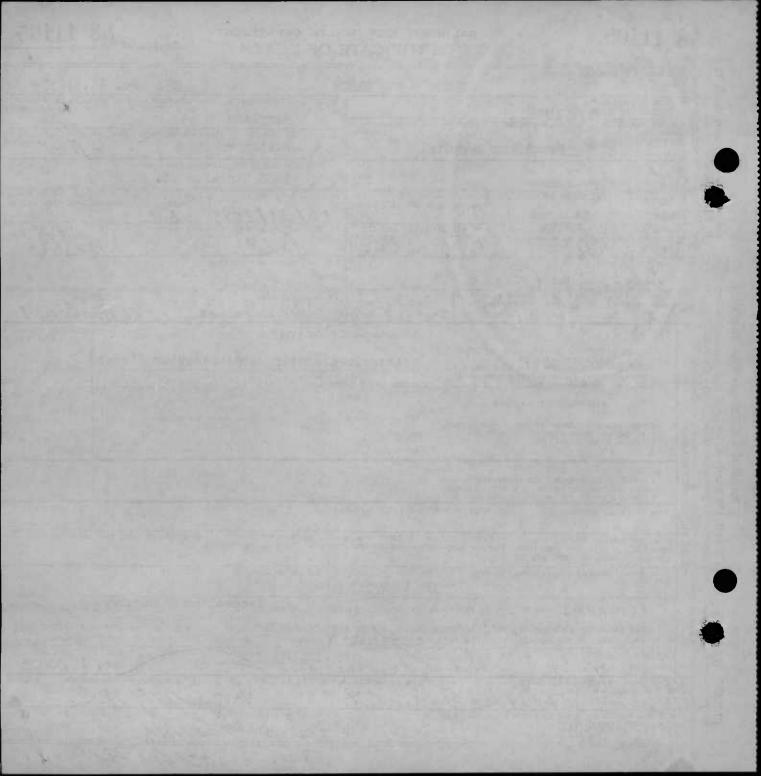
death

ONSET AND DEATH 20. AUTOPSY NO X (If in Baltimore City, give exact location) 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23c. DATE SIGNED 16, ADDRESS DATE RECEIVED BY 25. FUNER LOCAL REGISTRAR S 151

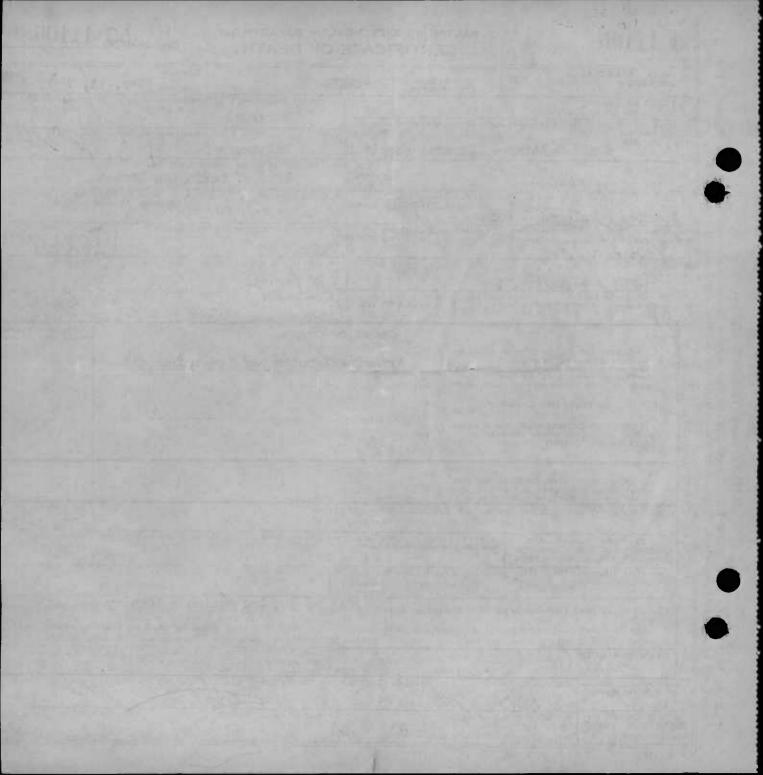
IRAL and give

If Under 24 Hours

township)



B-11106	BALTIMORE CITY HE	ALTH DEPARTMENT	Registered No. 11	106	
BIRTH NO.	CERTIFICATE	OF DEATH	Registered No.		
1. NAME OF DECEASED (Type or Print)	ELIZABETH BARI		OF Dec. 15,	1953	
3. PLACE OF DEATH: A Baltimore City, Maryland		4. USUAL RESIDENCE (Who a. STATE Maryland		n : residence fore admission	
HOSPITAL OR	r institution, give street address or location)	C. CITY OR TOWN (If ou	tside corporate limits, write k	ULAL and giv	
South Baltimore	General Hospital	Baltimore  D. STREET ADDRESS (If rus			
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7	Mos. Days Days		ington Street  AGE (In years   Il Under I Year	l If Under 24 Hour	
Female Colored	WIDOWED, DIVORCED (Specify)	March 17,1881	Months Day	Hours Min	
10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OB, KIND OF BUSINESS OR 'INDUSTRY	Franklin Va.	ign country) 12. CITI	ZEN OF AT COUNTRY	
13. Pather's NAME		14. MOTHER'S MAIDEN NAM	EP		
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give wer or dates of	DRCES? 16. SOCIAL service) SECURITY NO.	17. INFORMANT BEALTH AS	WMLS - BLA	23/2	
CAUSE OF GEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  CAUSE OF GEATH  (A) Arteriosclerotic cardiovascular disease  (A) Arteriosclerotic cardiovascular disease  (A) Arteriosclerotic cardiovascular disease					
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST	ATING THE OUE TO				
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C.	T RELATED				
	MAJOR FINDINGS OF OPER	ATION	20.	AUTOPSY?	
UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?			in Baltimore City, give exact		
Z 1D. TIME (Month) (Day) (Year) (H	our) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WORK AT WORK	21F. HOW DID INJURY	OCCUR?		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .					
and death in my opinion re	0	23B, CHIEF MEDICAL EX ASSISTANT MEDICAL EX	AMINER 23c. DATE		
24A. BYRIAL, GREMA 24B. DATE	24c. NAME OF CONETER	D.   MEDICAL INVESTIGATOR	EATION (City, town-or county	1903 (State)	
DATE RECEIVED BY REGISTRAR'S S	63 /// UWum	25. FUNERAL DIRECTOR	ADDRE	ss 320/	
V S 151	and the state of the	Mrs / Jatre ( . (w)	elliame Dehr	related	

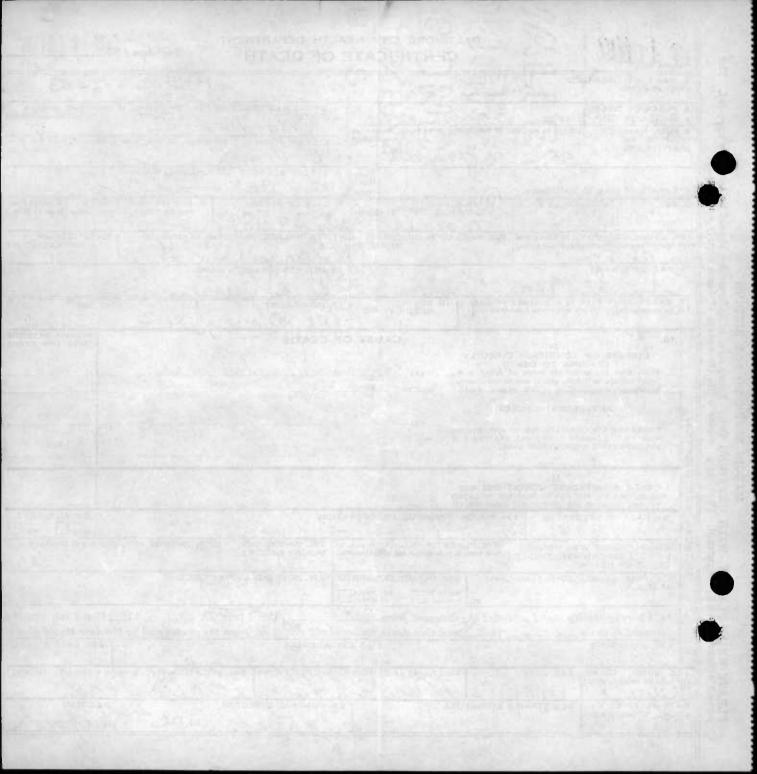


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111	17		

Registered 53 11107

-	BIRTH NO.	
-	1. NAME OF DECEASED Ahrie E. Yle	10 2. DATE OF DEATH Dec 16-53
-	a. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR JOWN (If outside corro) ate Limits, write LURAL and give
	NO 3000 Kenvon Are	Balto Lo Township)
	c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore  5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
	F. Widawed	Tab 11 - 1862   88   1
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	James Williams	Rosse Mc Williamse
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yee, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	18. # 3 A A CAUSE	OF DEATH
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	rovary occlusion
	injury or complication which caused death.) DUE TO	
	Z ANTECEDENT CAUSES	Monaly Soluons
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	1x = Cold is you OA
	UNDERLYING CONDITION LAST.	our starous state 3
	OTHER SIGNIFICANT CONDITIONS CON.	A - 10 - 1:4
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	We fillety.
	194. DATE OF OPERATION 0 198. MAJOR FINDINGS OF OPER	RATION ( 20. AUTOPSY? YES NO M
	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in bout home, farm, factory, etreet, office bldg.,	n or   21c. WHERE DID (If in Baltimore City, give exact location)
	CAUSE OF DEATH	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
	m.   WORK   AT WORK	left 15, 19, to De 16, 195, that I last saw the
Ì	22. I hereby certify that I attended the deceased from deceased alive on 1993, and that death occur	
	23A. SIGNATURE 2	23B. ADDRESS 1 23G. DATE SIGNED
)	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	200 200
	TION, REMOVAL (Specify) Dec 19-53 Holy (Red	
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
	VS 150	Magal Bio. 7110 Belaw Ca
	11 73 130	

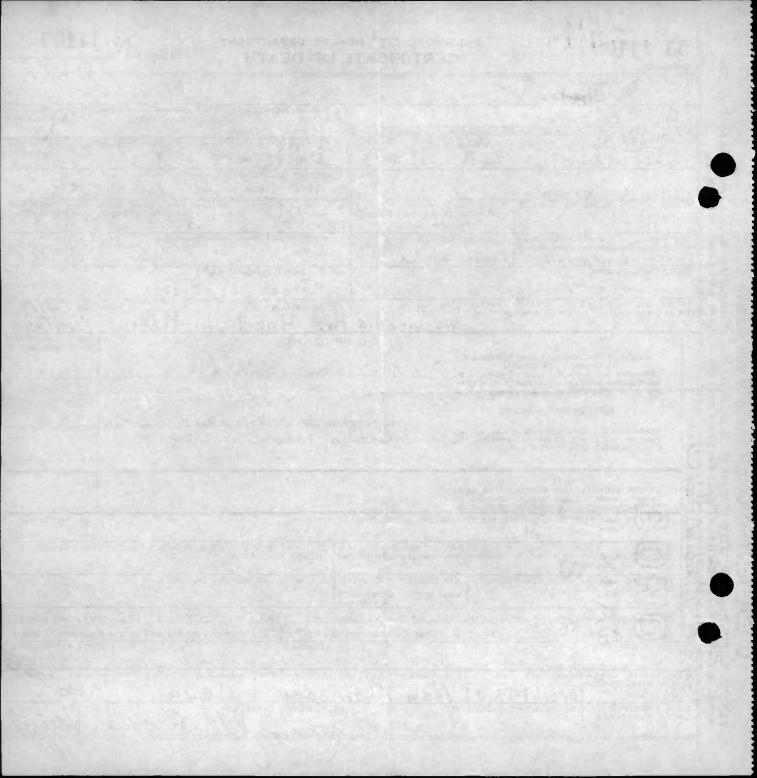
G-650	V UEALTU DEDARTMENT	7 44400
	CATE OF DEATH Registered No.	3 11108
1. NAME OF DECEASED Janet Green	2. DATE OF DEATH	6-53
a. Baltimore City, Maryland Baltimore  B. FULL NAME OF (If not in hospital or institution, give street add	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE  MOTHER DESIDENCE (Where deceased lived. If ins	titution: residence before admission)
	c. CITY OR TOWN (If outside corporate limits, v	vrite KURAMand give (bwnship)
c. Length of stay in Baltimore	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 1544 Burnwood Rs.	12
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (  WASTLED  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	Specify 8. DATE OF BIRTH  Specify 30 - 1897  OR 11 BIRTHPLACE (State or pareign country)  12	Days Hours Min.
work done during most of yorking life, even if retired)  13. FATHER'S NAME	JAMOTHER'S MAIDEN NAME	WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	M. ames. Treen	RESS Same
DISEASE OR CONDITION DIRECTLY	pyema of mediastinitis	34 days
ANTECEDENT CAUSES	foration of cesophagus	34 days
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	recnoma of odsop hagus	P
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF Shoracotomy tul	be enterostomy	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, offi		e exact location)
	CURRED 21F, HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from deceased alive on 12-16, 19.53, and that death	Oct 20 1953, to Dec 16, 1953, occurred at 10 4 m., from the causes and on the	that I last saw the date stated above.
Theselete of Tragiano M.	D. 2802 Harford Rel	10/16/53
Duria 17/18 1953 More	and tack Dato	nd
DATE RECEIVED BY LOCAL REGISTRAN'S SIGNATURE	25 DUNERAL DIRECTOR 5305 /	word
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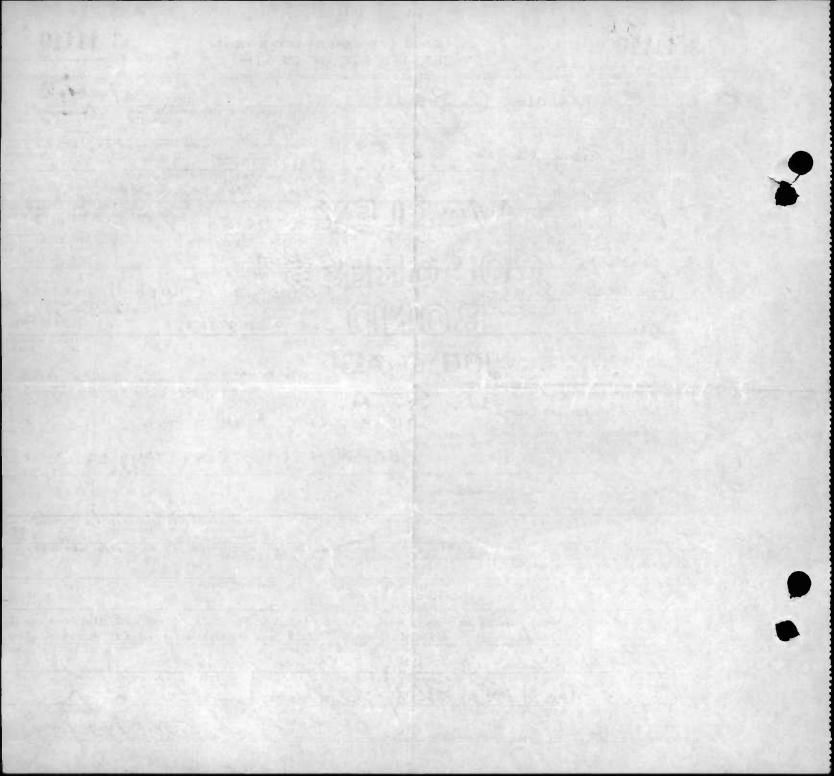
E	3 111	09	ВА		EALTH DEPARTMEN		53 11109
В	IRTH NO.			CERTIFICAT	E OF DEATH	Registere	ed No.
1. (T	NAME OF D ype or Print)		Mullen			2. DATE OF DEATH	2/15/53.
3.	PLACE OF DE		7,50,7, 0		4. USUAL RESIDENCE		d. If institution: residence before admission
D	EINI MAME	OF (If not in hosni	tal or institu	ition, give street address or	Mary land		211
11	STITUTION	Bon Secour	R. III	location)		1	mile, write RURAE and give township
_	2025 a	1. Fayettest	Daire	yrs.	Dalf Mo	(If rural, give location	
2	Length of s	tay in Baltimore		Mos. Days	11.11 H	ana Ave	ed- /
Condition with	SEX M.	6. COLOR OR RACE	WIDO	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working life, even if retired	I IOB. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF
Pe	icker-hau	unt chem. Co.	Louise	tchemical co.	Missoovi		WHAT COUNTRY
13	, FATHER'S N				14. MOTHER'S MAIDEN	NAME	
_	es cem	10016	.n		Grace J	Sutler.	
(Ye	s, no or nokoown)	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16, SOCIAL SECURITY NO. 215 - 01 - 5418	Mrs. Hazel	L. Mulle	ADDRESS 4111
ERTIFICATION	(This does heart failure injury or DISEASES RISE TO THUNDERLY	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU SOR CONDITIONS, HE ABOVE CAUSE (A: VING CONDITION L  II IGNIFICANT COND TO THE DEATH, BUT	ITH of dying, e. ans the dises caused deat SES IF ANY, GIV. STATING 1 AST.	E., (A) Nephronise, the Due to (B)	tensive arterio		ONSET AND DEATH
U		F OPERATION		R FINDINGS OF OPER	PATION		20. AUTOPSY?
AL		0					YES NO
EDIC	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL about home	ACE OF INJURY (e. g., e, farm, factory, street, office bldg.,	etc.) 21c. WHERE DID	(If in Baltimore Ci	ty, give exact location)
Σ	21D. TIME ( OF INJURY	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		URY OCCUR?	
		y certify that I at live on 1915	- 3	and that death occur	rred at 10 20 m., from		9. P, that I last saw them the date stated above
	23A. SIGNAT	man 2/10	nes	M. D.	Bon Slegur	Hory Fuell	W 23c. DATE SIGNED
	Burial (S	pecify Dec. 19	-1953	New Co	Thedral 24	BALTO	own, or county) (State)
	ATE RECEIVE	D BY   REGISTRAF	'S SIGNAT	URE MA	25 FONERAL DIRECTO		205 Harrord

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#### BALTIMORE CITY HEALTH DEPARTMENT

The	BI	RTH NO.			CERTIFICAT	E OF DEA	TH	regist	erea No.	
		NAME OF I	Veronie	a C.	Peters			2. DATE OF DEATH	12/15	153
supplied	Α.	PLACE OF I Baltimore	City, Maryland		tion, give street address or	A. STATE	DENCE (WI	here deceased I B. COUI	ived, if inst. NTY	itution : residence before admission)
fully s	H	OSPITAL OR ISTITUTION	Mercey H.	outl.	location)	C. CITY OR TO	MORE (III	outside corpora	it limits, w	te RUBAL and give township)
care legibl	I teather over		stay in Baltimore		78 Yrs. Mos. Days	2914		urai, give local		
uld be y and	5.	F	6.COLOR OR RAC	WIDOV	F MARRIED, NED DIVORCED (Specify)	5/25/	7875	9. AGE (In y last birthd	ears H Uade lay) Months	Days Hours Min.
IDING information should be carefully of death clearly and legibly.	1 C	A. USUAL OCK done during most	CCUPATION (Give kind of working life, even if retire	of 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or for	elgn country)	12.	WHAT COUNTRY?
r natic	13	FATHER'S	0			14. MOTHER'S			1.11	
INC form	15	S. WAS DECEA	PD EVER IN U. S. ARM	ED FORCES?	16, SOCIAL	17. INFORMAN	SID.	CAMP		
BINDIN of infor	(Ye	o, no or unknown	(If yes, give war or d	ates of service)	SECURITY NO.	1	ARRY F	कें र ल त ड	5503	Alban Are
		18. 42	2.1			OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
FO it		(This doe	SE OR CONDITION LEADING TO DE is not mean the mode ure, asthenia, etc. It m	ATH of dying, e.	8. (A) Cere M	1 Emb	ohsm	•••••	*******************	12 has
RVE! Eve writ			complication which	caused deat						
RESERVED INK. Ever please write	Z	DISEASE	ANTECEDENT CA		(B) GURI	CULAR	FIBRIL	-LATION	<b>.</b>	5 yRs
四四四	RTIFICATION	RISE TO	THE ABOVE CAUSE (A YING CONDITION	) STATING T	HE DUE TO	RIDSCLEROT	Tic Pa	9 DI • 14	SCHLA	10 yrst
MARGIN UNFADING Physicians:	ERTIF	TO THE	GNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSI	RELATED T					V15_	
lee!	1		OF OPERATION		ITION FOR WHICH OF	PERATION		ION WAS REL		20. AUTOPSY?
Y, WI	EDIC	OR CONTRI	ENT WAS UNDERLE BUTING CAUSE TIFY MEDICAL EXAMI	OF about	B. PLACE OF INJURY ( home, farm, factory, street, office	e. g., in or 21C. Wi bldg.,etc.) INJURY			re City, give	e exact location)
TE PLAINLY, WITH especially important.	2	21D TIME OF INJURY	(Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURRI	LE	JUNI DID WO	JRY OCCUR	?	
E PL specis		22. I here	by certify that I o		deceased from and that death occur		3 to_			hat I last saw the
RI		25A) SIGNA	TURE, 16	se g		3B. ADDRESS	Han	d.d.		3c. DATE SIGNED
百品	2. T/	44 BURIAL, N REMOVAL (	CREMA- 248, DATE		24C. NAME OF CEMETE	10.	1	PATION (Cit	y, town, or o	county) (State)
PLEAS		ATE RECEIVE		R'S SIGNAT	URE MA	25. FUNERAL I		C21	1	DRESE



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5.	3 1111	1	BAI	CERTIFICATE			Registered	3.11111	
BII	RTH NO.								
	NAME OF D		berger	, Joseph L.		2	OF DEATH Dec	ember 15. 19	953
	PLACE OF D Baltimore (	EATH: City, Maryland			A. STATE			If institution: resident before admis	
HC	SPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)			side corporat lim	its write RURAL and town	d give
<u></u>	+/	St. J	oseph!	s Hospital Yrs.	Baltimor		al, give location)		
		tay in Baltimore		Mos. Days		Vashing to		W 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(4) (1) (1) (1) (1) (1) (1) (1)
	ale	6.COLOR OR RACE	WIDOV	E, MARRIED, VED, DIVORCED (Specify) OWET	OCT. 8-		AGE (In years last birthday)	Months Days Hours	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE		en country)	12. CITIZEN OF WHAT COUN	TRY?
	Butcher		Bela:	ir Market	Maryland			USA	
13	FATHER'S		SON	erger	SUSANA				
		D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
(Yes	, no or naknown)	(If yes, give war or date	a of service)	SECURITY NO.	1.1	11	77 /	erger 5A4	10
	18. 153	~		CAUSE	OF DEATH			INTERVAL BET	WEEN
ERTIFICATION	heart failu injury or DISEASE: RISE TO T	not mean the mode of re, asthenia, etc. It mea complication which of antecedent Caussian Conditions, I he above cause (a) I'NG CONDITION LA	ns the disease aused death  SES  F ANY, GIVIE  STATING TO	OUE TO	inoma of Ca	agoug wit o	T me occount		
CERTII	TO THE	NIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSING	RELATED TO	O THE					
AL O	19A. DATE C		VAS PERFO			CAUSE OF PART I OR I		IN YES NO	X
EDIC	OR CONTRIB	ENT WAS UNDERLY BUTING CAUSE OF	about	3. PLACE OF INJURY ( home, farm, factory, street, office	e. g., in or bidg., etc.) INJURY	IERE DID (If OCCUR?	in Baltimore Cit	y, give exact location	n)
Σ	21p. TIME OF INJURY	(Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WOR	LE	W DID INJUR	Y OCCUR7		
D	deceased up 23A. SIGNA 23A. SIGNA 4A. BURTAL. 4A. REMOVAL (S ATE RECEIVE 0CAL REGIST	DEC. 15 DEC. 1	1983.	Holy Red	rred at <b>1:</b> 00р 23в. ADDRESS 1400 N. Са	m., from the aroline S	causes and on	the date stated a  23c. DATE SIG  Dec. 15. 1  Fin, or county) (S  ADDRESS	bove
	VS 150		0	644	1.6A	U		0	

NAME
ADDRESS
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BIR	TH N	0.		
	AME e or		DECI	EASE

## BALTIMORE CITY HEALTH DEPARTMENT

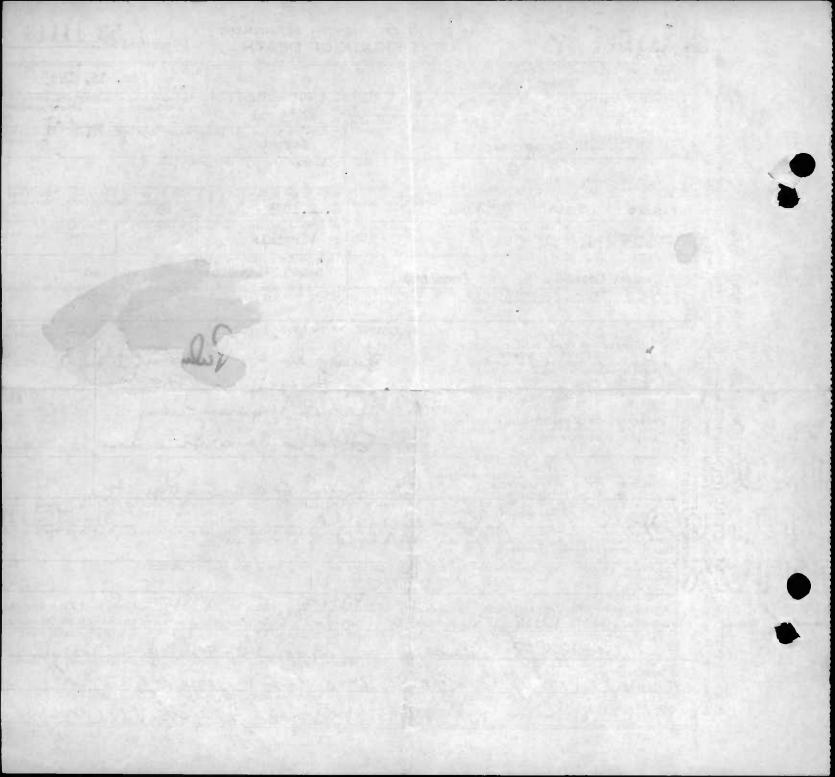
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The		RTH NO.	₹		CERTIFICAT	E OF DEA	TH -	Registered	1 140 - andre andre andre	P and
H	1.	NAME OF DE						2. DATE		
ed.		ype or Print)		illia	m L. Hall				. 15, 19	
supplied.	3. A.	PLACE OF DE Baltimore C	EATH: Sity, Maryland			A. STATE		here deceased lived.  B. COUNTY		dence initssion)
ins	В.	FULL NAME		al or institut	ion, give street address or location		arylar		7-27	<u></u>
lly	IN	STITUTION	5600 Lock	Rave		I C. CITT OR TOV	MN (III Baltin	outside corporate lin	hits write RURAL	and give ownship)
efu		NO	0000 2001	2	Yrs.			rural, give location)		
car	_	Length of st	tay in Baltimore		Mos. Days	EGOO To		ven Blvd.		1.00
be ld l	-	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIR		9. AGE (In years)		der 24 Hours
R BINDING em of information should be carefully causes of death clearly and legibly.		male	white		ried (Specify	Feb. 18,	1893	60	Months Days Hou	rs: Min.
sho	1 C	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE	E (State or fo	reign country)	12. CITIZEN O	OF UNTRY?
on s		Supt.	Post Offic	e		Baltimor			U.S.	Α.
ati	13	. FATHER'S N	AME			14. MOTHER'S		AME		- 3
NG dea		Thomas	E. Hall			Mary F.	Carey			
BINDING of inform uses of dea	(Ye	, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		7-11 5000	ADDRESS	
of ses						Mrs. Mar	у к. г	Hall, 5600		
item		18. 153	x and a	260×	CAUSE	OF DEATH			ONSET AND	
VED FOR Every item write the ca			E OR CONDITION	H	Paul	ear of La	A 1000	Ling Cos	lon 14	0
13.		heart failui	not mean the mode or re, asthenia, etc. It mean	ns the diseas	ie,	y an				Control Control
Ever write			complication which c		a.) DUE TO					9.83
<u> </u>	7		ANTECEDENT CAUS	ES	(8)					
RESERVED INK. Ever please write	Ö	DISEASES	OR CONDITIONS, IF	ANY, GIVIN	NG HE DUE TO				***************************************	
75	Y.	UNDERLY	ING CONDITION LA	ST.	(C)			************		
MARGIN NFADIN nysicians:	<u>E</u>					-1		7	1	
FA FA 78ic	R	OTHER SIG	NIFICANT CONDITIONS	CONTRIBU	TING Dial	etra lug	elle	lus	640	m
Phy Phy	CE	DISEASE O								4
H	با	19A. DATE O	F OPERATION O 1	9B. CONDI	TION FOR WHICH O	PERATION	CAUSE O	TION WAS RELATED OF DEATH, ENTER		RIZA.
WITH rtant.	DICA	21A. ACCIDE	NT WAS UNDERLY	NGTI 218	B. PLACT OF INJURY	(e. g., in or 21C, WH		OR PART II	y give exact loca	No tion)
TE PLAINLY, WITH	ED	OR CONTRIB	BUTING CAUSE OF	about	home, far h, factory, street, offic	e bldg.,etc.) INJURY	OCCUR?			
ILY imp	Σ	210 TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	21F. HO	W DID INJ	JURY OCCUR?		
NIA NIA		OF INJURY	device	m	WHILE AT WOT WH	ILE				
PL		22. I herch	n certify that I att	ended the			57 to 2	16/6 19	53 that I last	saw the
Spe		deceased al	ive on 12-14	1953	deceased from and that death occu	rred at 17 20 P	m., from the	he eauses and on	the date states	d above.
RIT is	1	23A. SIGNAT	TURE 9	l.	de	23B. ADDRESS	0	1 80	23c. DATE	SIGNED
Se W	_	4A. BURIAL. C	CREMA 24B, DATE	80	M. O.	3 / U 6 / 0 0	200	OCATION (City to)	wn or county)	(State)
PLEASE WRITE correct age is esp	TI	ON, REMOVAL (S	pecify)	53			U B		Maryland	`
EA	D	Buria				al em.	QEAR.	gltimore,	ADDRESS	
PL		CAL REGIST		- marine	Williams.	Leonard	IT Pu	ck, 5305		Rd.
		VS 150	State of the state	0		I Diomaid	1/4 mar	JR , 0000	airord	
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						HISTORY CO.				- 6

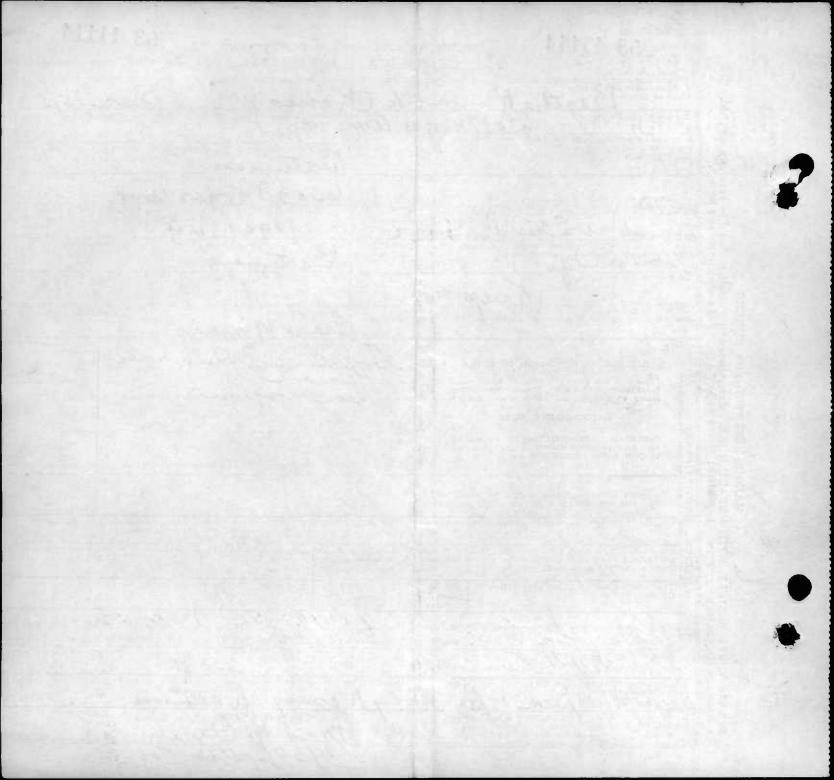
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SHILL DO THE

1. (T	NAME OF D	DECEASED Mary A.		E OF DEATH	2. DATE OF DEC	. 15, 1953
А.	FULL NAME	City, Maryland	al or institution, give street address c	4. USUAL RESIDENCE		f institution : residence before admiss
	OSPITAL OR NSTITUTION	St. Agnes H		c. CITY OR TOWN Street	(If outside corporate lim	its, write RURAL and towns
	. Length of s	stay in Baltimore	Yrs. Mos. Days			M linda 1 Var M linda 24 h
	Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific WIDOWED)		-	H Under 1 Year Ionths Days Hours M
work	Housew.	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	ATLETHTS		12. CITIZEN OF WHAT COUNT
		Gordon	Degeased	Sarah Edmonds		eased
Yer (Yer	5. WAS DECEASE es, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dates	of service) 16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	injury or	ire, asthenia, etc. It mean complication which c ANTECEDENT CAUS S OR CONDITIONS, 18	aused death.) DUE TO SES FANY, GIVING	ight Ruseumo	medamy	13/14-8
RTIFICATION	DISEASE: RISE TO THER SIG	complication which c	rs the disease, aused death.)  DUE TO  ESS  F ANY, GIVING STATING THE DUE TO  ST. (C)	ight Proumo	Carainala Carainala	12/14-8
AL CERTIFICA	DISEASE	complication which c ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA  II SNIFICANT CONDITIONS DEATH BUT NOT F DE CONDITION CAUSING DE OPERATION 13	rs the disease, aused death.) DUE TO  SES  F ANY, GIVING STATING THE DUE TO  ST. (C)  CONTRIBUTING RELATED TO THE ST. (C)  AS FEBFORMED	CAUSE	RATION VAS RELATED OF DETYH, ENTER I OR PART II	O 20. AUTOPSY YES NO
SICAL CERTIFICA	OTHER SIG TO THE DISEASE O 19A. DATE O CONTRIE	complication which c ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA  II SNIFICANT CONDITIONS DEATH BUT NOT F DE CONDITION CAUSING DE OPERATION 13	The disease, aused death.)  DUE TO  SES  FANY, GIVING STATING THE DUE TO  ST.  CONTRIBUTING RELATED TO THE SIT.  VAS FEBFORMED  NG 218. PLACE OF INJURY about bome, farm, factory, Agreet, offi	PERATION IF OPE CAUSE PART (e. g., in or 21c. WHERE DID	RATION VAS RELATED OF DEATH. ENTER 1 OR PART II O (If in Baltimore City	YES NO
SICAL CERTIFICA	OTHER SIGNOTHER	complication which complication which complication which cause (A) and complication causing the causing the complication causing the caus	The disease, aused death.) DUE TO  SES  FANY, GIVING STATING THE DUE TO ST.  CONTRIBUTING CONTRIBUTING CONTRIBUTING THE ST.  SELATED TO THE ST.  S	(e. g., ln or cobldg., etc.)  (e. g., ln or 21c. WHERE DIG 1NJURY OCCUR:	RATION VAS RELATED OF DEATH. ENTER I OR PART II O (If in Baltimore City ?	YES NO
SICAL CERTIFICA	other signother to the deceased a	complication which complication which complication which complete the above cause (A) and conditions of the above cause (A) and condition causing of condition causing of operation (Month) (Day) (Year) and condition cause of the condition (Month) (Day) (Year) and condition cause of the condition ca	The disease, aused death.)	(e. g., in or cebidg., etc.)  RED  1953, to  1977, to  1777, to	RATION VAS RELATED OF DEATH. ENTER I OR PART II O (If in Baltimore City ?	YES NO N
MEDICAL CERTIFICA	other signother	complication which complication which complication which cause (A) and conditions, if the above cause (A) and condition causing the condition causing of operation causing the condition causing the condition causing the condition causing (Month) (Day) (Year) and certify that I attalive on the condition cause of the condition (Month) (Day) (Year) and certify that I attalive on the condition cause of the certify that I attalive on the certification that I attalive on the certification the certification that I attalive on the certification the certification the certification the certifi	The disease, aused death.)  DUE TO  SES  FANY, GIVING STATING THE DUE TO ST.  CONTRIBUTING RELATED TO THE SIT.  CONDITION FOR WHICH OF THE STATE OF	(e. g., in or cebidg., etc.)  RED  1953, to  1953, to	RATION VAS RELATED OF DEATH, ENTER 1 OR PART II D (If in Baltimore City  NJURY OCCUR?	yes No y, give exact location  3 that I last saw the date stated ab 23c DATE SIGN
MEDICAL CERTIFICA	other signother to the deceased and a signor	COMPLICATION WHICH CAUSE OF CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA THE CONDITION SET THE CONDITION CAUSE OF THE CONDITION CAUSE OF THE CONDITION CAUSE OF THE CONDITION (Month) (Day) (Year)  THE CREMA- 24B. DATE	CONTRIBUTING SEARCH TO THE STATING THE DUE TO ST.  CONTRIBUTING CONDITION FOR WHICH CO	(e. g., ln or cebldg., etc.)  RED  21F. HOW DID 1  RILLE  21F. HOW DID 1  1953, to  1953, to  23B. ADDRESS	RATION VAS RELATED OF DEATH. ENTER 1 OR PART II O (If in Baltimore City  NJURY OCCUR?  19.  1 the causes and on LOCATION (City, tow	yes No

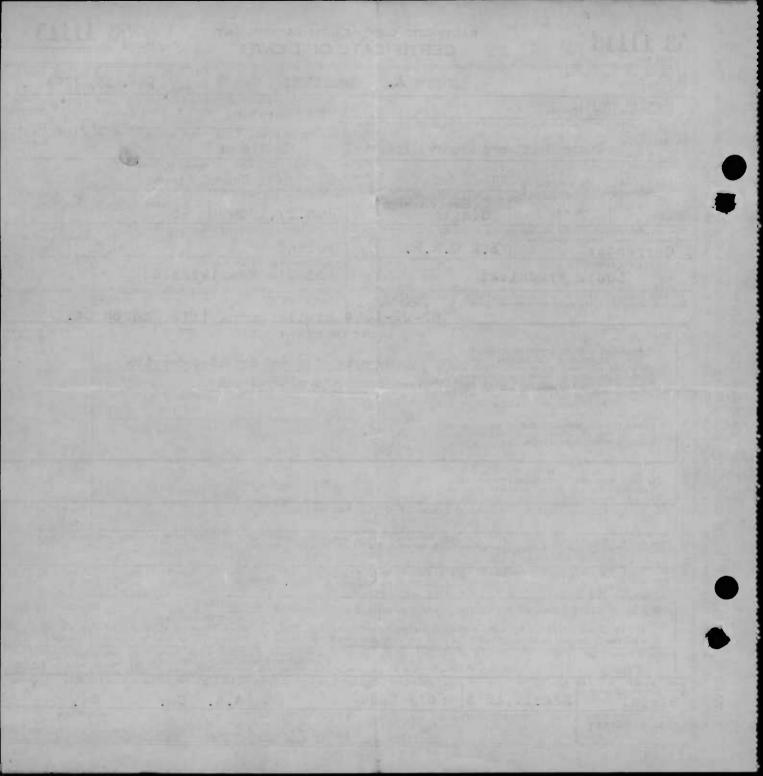


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1 3	53	*1014	BA	LTIMORE CITY HE	EALTH DEPAR	RTMENT /	53 11	1114
BIRTH	NO.	9-0		CERTIFICATI	E OF DEA	TH XR	egistered No.	
1. NAN (Type o	r Print)	DINTHO	Rom	ranck (1	Rones	)   2. DA' O DEA		15/53
	CE OF DE	ATH: ity, Maryland	4 19	1.	A. STATE	DENCE (Where dec		titution : residence before admission)
B. FULI	L NAME C			tion, give street address or location)	-104	. (If outside a	12 alt	write RURAL and give
INSTIT	UTION			- One land	Batte	and dra	or por acc minta, v	township)
c. Len	gth of st	ay in Baltimore		Yrs. Mos. Days	6363	Mones	(ave	
Ten	ale	6. COLOR OR RAC	E 7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIR		birthday) Month	for I Year If Under 24 Hours Days Hours Min.
Work adde	uring most of	Working Ife even if retir	dof 10a. KINI	O OF BUSINESS OR INDUSTRY	1/2 -	E (State or foreign co	antry)   12	WHAT COUNTRY?
13. FA	THER'S N		K	L.	14. MOTHER'S			
15, WA	S DECEASE	D EVER IN U. S. ARI	AD FORCES?	16. SOCIAL	1. INFORMAN		ADD	RESS
(Yes, no o	r unknown)	(If yes, give war or d	ates of service)	SECURITY NO.	Irene 1	1 orris		
RTIFICATION	heart failur njury or DISEASES RISE TO TH UNDERLY	not mean the modice, asthenia, etc. It is complication which antecedent can be conditioned by the condition of the condition	neans the disease a caused death USES  5, IF ANY, GIVII A) STATING T. LAST.	(B)	mi H	ysculiti		
10	DISEASE OF	CONDITION CAUS	NG IT.	ITION FOR WHICH OF	PERATION	IF OPERATION WA	S RELATED TO	I 20. AUTOPSY?
A L		0	WAS PERFO	DRMED		PART I OR PART	H, ENTER IN	YES NO
OR DEA	CONTRIB	NT WAS UNDER! UTING CAUSE FY MEDICAL EXAM	OF about	B. PLACE OF INJURY ( home, farm, factory, street, office			iltimore City, gi	ve exact location)
	TIME (I	Month) (Day) (Yes	ar) (Hour) m.	WHILE AT NOT WHILE WORK NOT WHILE AT WORK	LE	W DID INJURY O	CCUR?	,
22	. I hereby	certify that I	attended the	deceased from	OY.19, 19	57to VOC	17, 1955	that I last saw the
de	signat	ive on ve	1903,	and that death occur	rred at // C.	m., from the caus	cs and on the	date stated above.
0/	"Val	れんチン	Curca	m (4 M. O. )	3138 9Le	Ason ST		Den 17/53
<b>P</b> R	BURIAL, C EMOVAL (S	REMA- Decify)	18/5	24C. NAME OF CEMETE	MON CREMATOR		N (City, town, or	county) (State)
	RECEIVED		R'S SIGNAT	ORE	FUNERAL E		^A	DDRESS
DEC		1 de 1	- W.11	CALLED MYSTO	Ired 1	1 034	Dusta	
1	/S 150	0		TATE OF	1930	astern (	CLOY	



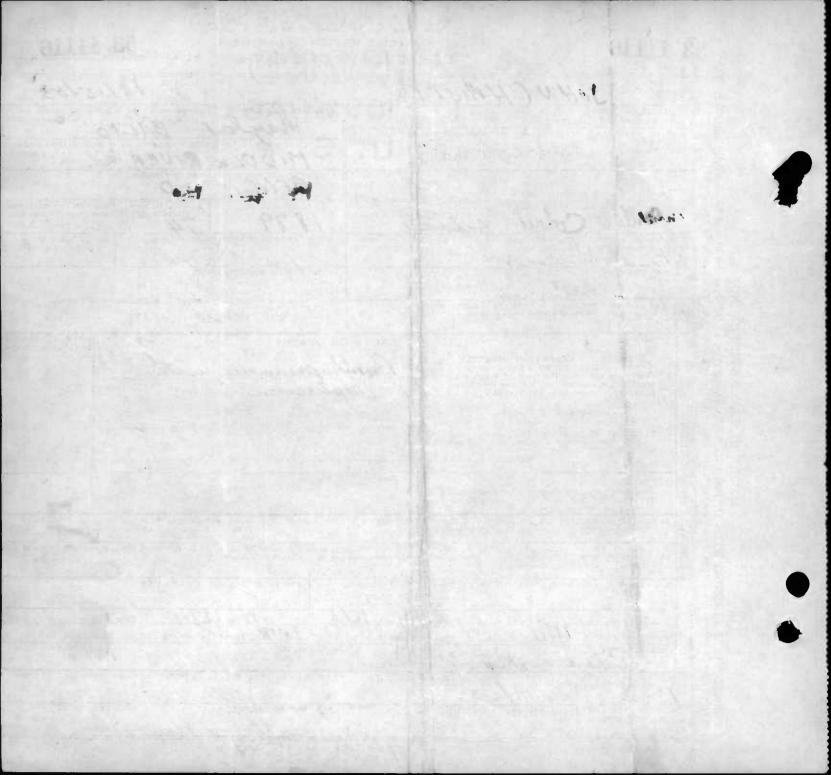
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5	3 11115 RTH NO.	5	BAI				ALTH DEPART		Registere	3 1 d No	1115
1.	NAME OF DECE	EASED	L	ouis	A.	BF	RUDNICKI		2. DATE OF DEC	. 15,	1953
Α.	PLACE OF DEAT Baltimore City	. Maryland	-1 : ::				4. USUAL RESIDE			. If instit	
H	FULL NAME OF DSPITAL OR STITUTION S	(If not in hospit outh Baltin			lo	cation)	c. CITY OR TOWN Balti	(If	outside co porale li	mes, wri	e RURAL and g townsh
c.	Length of stay	in Baltimore				Yrs. Mos. Days	b. STREET ADDRE		ural, give location h Street	)	
	sex 6.	COLOR OR RACE White	7. SINGL WIDOV Sin	VED, DIV		(Specify)	Jan.17,19		9. AGE (In years last birthday)	If Under Months	Vear   M Under 24 He Days   Hours M
		PATION (Give kind of rking life, even if retired)	100	O.R.F	IND	OR	Poland	State or for	reign country)		CITIZEN OF WHAT COUNTS
13	. FATHER'S NAM		cki				14. MOTHER'S MA				HITTELL
T5 (Yes	. WAS DECEASED E	VER IN U. S. ARMEI (If yes, give war or date	D FORCES?		CURITY		17. INFORMANT Stella Ru	າຂານໄ	1612 Chu	ADDRI	
CATION	(This does not heart failure, injury or con AN DISEASES ORISE TO THE	OR CONDITION EADING TO DEA to mean the mode of asthenia, etc. It mes implication which of ITECEDENT CAUS R CONDITIONS, I ABOVE CAUSE (A) G CONDITION LA	TH of dying, e. ans the disea caused deat SES  F ANY. GIVI STATING T	g., (se, h.) De	<sub>А)</sub> Ну	perte	or DEATH ensive and a ovascular di		osclerotic		ONSET AND DEA
ERTIFICA	TRIBUTING TO TO THE DISE.	II NIFICANT COND O THE DEATH, BUT ASE OR CONDITION	NOT RELAT	ED IT							20. AUTOPSY
O	19A. DATE OF	OPERATION 1	9в. MAJOF	R FINDIN	NGS OF	OPERA	TION				YES X NO
EDICAL		CAUSE WAS OR CONTRIB-	about home	ACE OF	INJURY y,street,of	(e. g., in	or 21c. WHERE D		f in Baltimore Ci	ty, give	exact location)
ME	21b. TIME (Mo OF INJURY	mth) (Day) (Year	(Hour)	21E. INJ	no No	CURRE T WHILE	D 21F. HOW DID	INJURY	OCCUR?		
1	the evide:	nce obtained by	said Aut	remain	ıspectio	n or I	bove, held an nquiry, find that X, accident	Autopsy, I said de	opsy Inspection or Inquiceased died on homicide	iry the do	ereon and fr  y stated abovermined
	23 SIGNATUR	(q, q)	achin	~51	h	м.	23B. CHIEF MI ASSISTANT M D. MEDICAL INV	EDICAL E EDICAL E ESTIGAT	XAMINER	23c. D.	16. 1953
TI	4A. FURIAL CRE ON FEMOVAL Spec Burial	De c. 19	,1953	- 6	y Cr	oss	RY OR CREMATORY	A.A.	CO.	M	d. /
	ATE RECEIVED E		'S SIGNAT	URE	9		25. FUNERAL DIR		i 2007 Ea		DRESS AND



#### BALTIMORE CITY HEALTH DEPARTMENT

В	IRTH NO.	CERTIFICATE OF	F DEATH	Registered No	
(7	Type or Print) JOHN (HRIS	・ナナ		2. DATE OF DEATH	15/53
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution	A. ST.	SUAL RESIDENCE (W	here deceased lived, If in B. COUNTY	stitution : residenc before admis
, 11	JOHNS HOPKINS HO	looptlom		RIVER M	write RURAL and town
	Length of stay in Baltimore	Yrs. Mos. Days	BENGIES (III	ural, give location)	5354
5 pue	SEARCH 6, COLOR OF RACE 7, SINGLE, WIDOWE	MARRIED, 8. DA ED, DIVORCED (Specify) 7.7	879	9. AGE (In years last birthday) Mont	nder 1 Year If Under 24 ths Days Hours
of death clearly	DA. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired)	OF BUSINESS OR II. BI	IRTHPLACE (State or for	reign country) 1	2. CITIZEN OF WHAT COUN
of death cle	FATHER'S NAME Christy	14. M	INNIE C	ME	
causes of	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 108, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. IN	JOHNS HOPKIN		DRESS
please write the	Citalitation Contention Chair	(B)	Aneumrain Remin	with	
Physicians: CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUT				
10.			***************************************		
	19a. DATE OF OPERATION   198. CONDIT	ION FOR WHICH OPERATI	CAUSE O	TION WAS RELATED TO F DEATH, ENTER IN R PART II	
ortant.	19a. DATE OF OPERATION 19B. CONDIT WAS PERFOR 21a. ACCIDENT WAS UNDERLYING 21B. or CONTRIBUTING CAUSE OF about be		PART I O	F DEATH, ENTER IN	YES NO
important.	19a. DATE OF OPERATION 19B. CONDIT WAS PERFOR 21a. ACCIDENT WAS UNDERLYING 21b. OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) 2	PLACE OF INJURY (e.g., In o	PART I O	F DEATH, ENTER IN R PART II If in Baltimore City, g	YES NO
especially important.	19a. DATE OF OPERATION 19B. CONDIT WAS PERFORE  21a. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21d TIME (Month) (Day) (Year) (Hour) 2 of INJURY m. 22. I hereby certify that Lattended the adceased alive on 215, 195, a 23a. SIGNATURE	PLACE OF INJURY (e. g., In o ome, farm, factory, street, office bldg., etc.  1E. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK	cause oo PART I o PAR	PART II If in Baltimore City, g  URY OCCUR?  1953, he causes and on the	YES NO
especially important.	19a. DATE OF OPERATION 19B. CONDIT WAS PERFORE  21a. ACCIDENT WAS UNDERLYING 21B. about he of DEATH (NOTIFY MEDICAL EXAMINER)  21b. TIME (Month) (Day) (Year) (Hour) 2  21c. I hereby certify that Lattended the of deceased alive on 415, 19 5, a 23a. SIGNATURE  23a. SIGNATURE  24b. DATE  24b. DATE  25c. Land 19 5 3	PLACE OF INJURY (e. g., In o ome, farm, factory, street, office bldg., etc.  1E. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK  deceased from 23B. AD  M. D.  4C. NAME OF CEMETERY OR 6	cause of PART I	DEATH, ENTER IN R PART II If in Baltimore City, g  URY OCCUR?  Le causes and on the Course and on the Course and Course a	that I last sare date stated at 23c. DATE SIG
rrect age is especially important.	19a. DATE OF OPERATION 19B. CONDIT WAS PERFORE  21a. ACCIDENT WAS UNDERLYING 21B. about he DEATH (NOTIFY MEDICAL EXAMINER)  21b TIME (Month) (Day) (Year) (Hour) 2 OF INJURY m. 22a. I hereby certify that Lattended the adceased alive on 23a. SIGNATURE C. Removed Control of the Death of the Control of the Co	PLACE OF INJURY (e. g., In o ome, farm, factory, street, office bldg., etc.  1E. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK  deceased from 23B. AD  M. D.  4C. NAME OF CEMETERY OR 6	cause of PART I	DEATH, ENTER IN R PART II If in Baltimore City, g  URY OCCUR?  Le causes and on the Course and on the Course and Course a	YES NO Notive exact location  that I last saw a date stated ab 23c. DATE SIGN

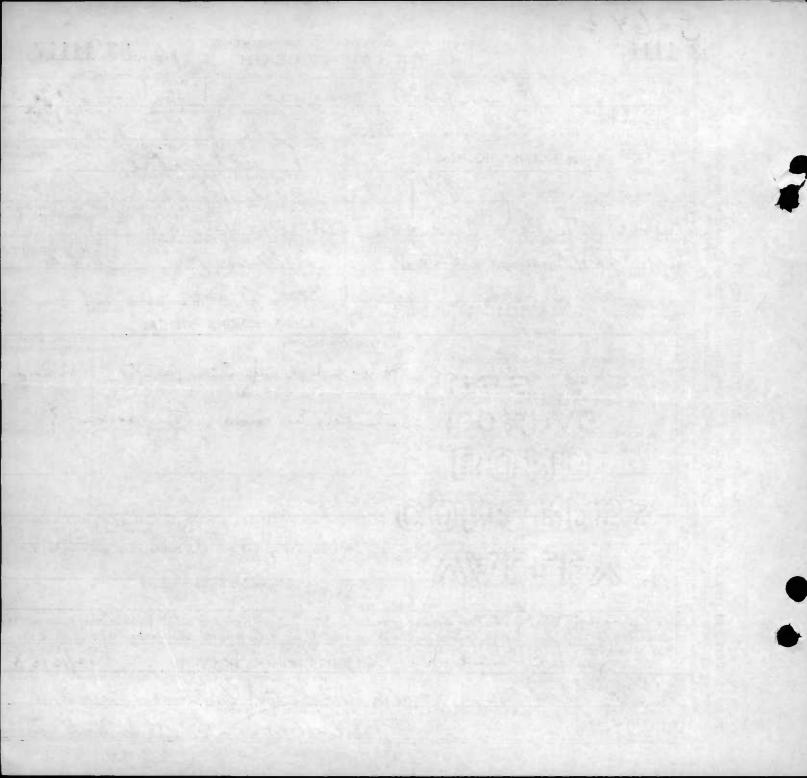


WHAT COUNTRY? U.S. a ADDRESS INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21c. WHERE DID (If in Baitimore City, give exact location) 1953to 12-16: , 1953that I last saw the 1619 53 and that death occurred at 1:40 m. from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) A PORESS

township)

It Under 24 Hours

12. CITIZEN OF



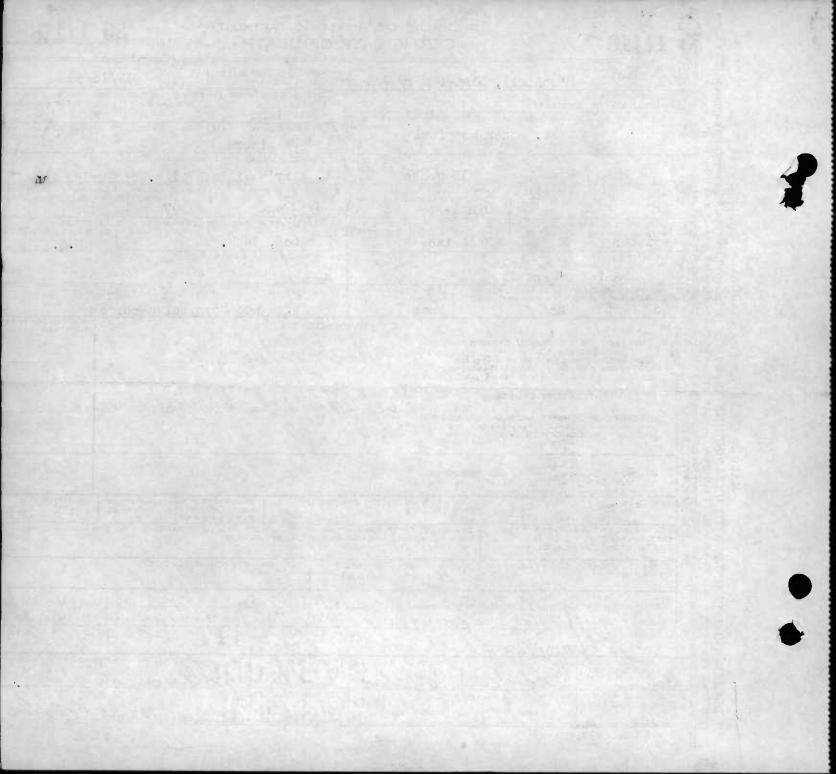
-	NAME OF D	CEASED	CERTIF	ICATI	E OF DEA	IH	2. DATE	eu Nu	11118
	Type or Print)		ell, Sister Mary	Joseph	h		OF DEATH	12/16,	/53
	PLACE OF DI Baltimore C	ity, Maryland			A. STATE		here deceased live B. COUNT	d. If instit	ution : reside before adm
H	FULL NAME OSPITAL OR ISTITUTION		pital or institution, give street Agnes Hospital	address or location)	C. CITY OR TOV		outside eorgorite	limits, was	të HURAL ai tow
C.	Length of st	av in Baltimore	12 years	Yrs. Mos. Days	11		rural, give location 701 W.Co	•	ing Ton
11	. SEX	6.COLOR OR RAC			8. DATE OF BIF	RTH	9. AGE (In year last birthday	rs If Under	Year If Under
	k done during most o	CUPATION (Give kind f working life, even if retir		SS OR	11. BIRTHPLAC	E (State or fo	oreign country)		CITIZEN OF
-	Sister 3. FATHER'S N		Religious	11.42	Boston,				U.S.
	/Dar	iel OSConne			Johanna	7.	? .		
(Ye	NO NAS DECEASE	D EVER IN U.S. ARM (If yes, give war or d		ITY NO.	17. INFORMANT		spital Ked	ADDRI	ESS
	heart failu	not mean the mod- re, asthenia, etc. It m complication which	ATH e of dying, e.g., (A) eans the disease, eaused death.) DUE TO	The	at tal	eine			••••••••
ATION	heart failu injury or DISEASES RISE TO T	rc, asthenia, etc. It n	leans the disease, eaused death.) DUE TO  USES  (B)( A) STATING THE DUE TO	-/se Arteu	ut Ful	ane Carlio	Varenla,	Osi	S.
ERTIFIC	heart failu injury or DISEASES RISE TO TUNDERLY	re, asthenia, etc. It no complication which ANTECEDENT CAS OR CONDITIONS HE ABOVE CAUSE (ING CONDITION)	Leans the disease, eaused death.) DUE TO  USES  (B)( A) STATING THE DUE TO  LAST. (C)  NS CONTRIBUTING  RELATED TO THE	Tge Arteu	at Fail	ane Cadio	Varenlag .	Osis	
L CERTIFIC	DISEASES RISE TO T UNDERLY  OTHER SIG TO THE DISEASE O  19A. DATE O	re, asthenia, etc. It me complication which ANTECEDENT CAS OR CONDITIONS HE ABOVE CAUSE (ING CONDITION II)  NIFICANT CONDITION DEATH BUT NOT RECONDITION CAUSE FOPERATION OR CONDITION CAUSE FOR THE CAUSE FOR THE CONDITION CAUSE FOR THE CONDITION CAUSE FOR THE CONDITION CAUSE FOR THE CONDITION CAUSE FOR THE CAU	Leans the disease, eaused death.) DUE TO  USES  (B)( IF ANY, GIVING A) STATING THE DUE TO  LAST. (C)  NS CONTRIBUTING RELATED TO THE NG IT.  19B. CONDITION FOR V WAS PERFORMED  LYING 21B. PLACE OF 1	Upter	PERATION  (e.g., in or   21c, WH	IF OPERA CAUSE O PART I O	TION WAS RELAT OF DEATH. ENTI- DE PART II (If in Baltimore	ED TO	20. AUTOPS YES No exact location
ERTIFIC	DISEASES RISE TO T UNDERLY  OTHER SIG TO THE DISEASE O  19A. DATE O	re, asthenia, etc. It me complication which ANTECEDENT CAS OR CONDITIONS HE ABOVE CAUSE (ING CONDITION II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUST OPERATION	Leans the disease, eaused death.) DUE TO USES  (B)( IF ANY, GIVING A) STATING THE DUE TO LAST.  (C)  NS CONTRIBUTING RELATED TO THE NG IT.  19B. CONDITION FOR WAS PERFORMED  YING 21B. PLACE OF I about home, farm, factor, NER)	VHICH OF	PERATION  (e. g., in or 21c, Wholdge, etc.)  ED 21F. HO	IF OPERA CAUSE O PART I O OCCUR?	TION WAS RELAT DF DEATH, ENTI DR PART II	ED TO	YES NO

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

VS 150

, 195, that I last saw the d on the date stated above. 23c. DATE SIGNED y, town, or county)



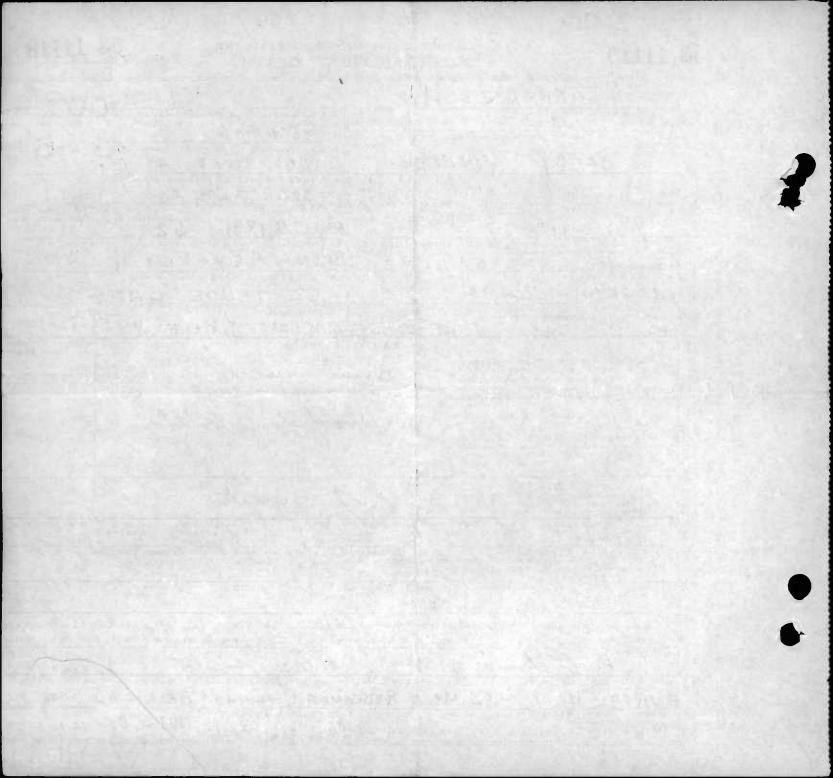
The

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11119

4		CERTIFICATI	E OF DEATH Registered No.							
	(T <sub>3</sub>	NAME OF DECEASED ARY A. Z ECH	2. DATE OF DEATH 12/14/53							
		PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence							
		Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)							
	HC	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write BUR L and give							
		MENCY MOSPITAL	BALTIMORE 24 Lo Tournship)							
0	3	LIFE Mos.	D. STREET ADDRESS (If rural, give location)  3236 Foster Que							
	-	Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   If Under 24 Hours							
		F white WIDOWED DIVORCED (Specify)	AUG. 28,1891 62 Months Days Hours Min.							
	10.	DA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR k done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	6	Hower AT HOME	BALTO, MARY CAND. USA							
	13.	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
		JOSEPH ZAPF	GERTRUDE LANG							
	(Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 217-07-4597	17. INFORMANT ADDRESS							
	-		MARGARET Y. KENEALY 3502 PLATEAUE							
	-	18. / 9.3 X CAUSE	OF DEATH INTERVAL BETWEEN DISET AND DEATH							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH									
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in the complete the compl								
		injury or complication which caused death.) DUE TO								
	z	ANTECEDENT CAUSES  (B) (Blioblastoma Multiform)								
	CATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
	Y.	UNDERLYING CONDITION LAST. (C)								
	IL!									
	other significant conditions contributing Post 8 perature									
	0	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF								
	SAL.	2/4/53 WAS PERFORMED Brain trum	FART TOR FART II							
	ā	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office.	e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) bldg.,etc.) INJURY OCCUR?							
	₩.	DEATH (NOTIFY MEDICAL EXAMINER)								
		21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY								
		m.   WORK AT WORK								
	1	22. I hereby certify that I attended the deceased from	red at 10 2, from the causes and on the date stated above.							
		dcceased alive on 12/14, 19.6 3, and that death occur	red at 10 pm., from the causes and on the date stated above.  3B. ADDRESS   23c. DATE SIGNED							
		F. Galmisano M.D.	Mercy Hospital 12/15/53							
0	24	4A. BURAL, CREMA- 24B. DATE 24C. NAME OF CEMETE								
		BURIAL 12-18 -53. HOLY REDEA	EMER CEM. 4430 BELAIR RD. BALTO, ND.							
	DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 901 S. CONKLING ST.							
		ILG I Sold was properly	handing Seller							

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



The

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FYJ 1	74885	50	-
13.1	112		

#### CERTIFICAT AMENDED BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 11120

164	RTH-NOLC			OLICA II TOM				
1.	NAME OF DI		Myron 1	Landis	2. DATE OF DEATH 12-15-1953			
Α.	Baltimore C	ity, Maryland	tal or institut	ion, give street address o	4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission)			
HC	SPITAL OR STITUTION	Baltimore 4940 Easter	ity Hosp	pitals location)	c. CITY OR TOV	timore	rite RURAL and give cownship)	
c. Length of stay in Baltimore  9 yrs.  Mos. Days						h Charles Street		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married					8. DATE OF BIF	last birthday)   Month	es l Year as Days Hours Min.	
10a, USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)				OF BUSINESS OR INDUSTRY			WHAT COUNTRY?	
13	. FATHER'S N		Landis		14. MOTHER'S	Miller		
(Yes	. WAS DECEASE	D EVER IN U. S. ARMI (If yes, give war or da	tos of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS	
	10		20	3-09-9830	В.С.Н. 494	40 Eastern Avenue (r	ecords(	
	18. 162 DISEAS	E OR CONDITION			OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO							
		ANTECEDENT CAL			rcinoma fig	eht lung	13 yrs	
RTIFICATION	RISE TO T	OR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION I	) STATING TI	(B)				
N.	TO THE	II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN	RELATED TO					
AL C			19B. CONDI WAS PERFO			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY7	
EDICAL	OR CONTRIB	ENT WAS UNDERLE BUTING CAUSE OF IFY MEDICAL EXAMIN	)F about	B. PLACE OF INJURY home, farm, factory, street, office	(e. g., in or 21C. Whe bldg., etc.)	HERE DID (If in Baltimore City, gi	ve exact location)	
M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK							
	22. I hereb	y certify that I a	ttended the	deceased from 9-2	22- , 19	953, to 12-15-, 19-53 m., from the causes and on the	that I last saw the	
	23A. SIGNA				23B. ADDRESS	, rone de	23c. DATE SIGNED	
	John Gronth	47701	- Uni	M. D.	4940 East	tern Avenue	12-15-1953	
24	Burial,	The second secon	9/53	24c. NAME OF CEMET			county) (State)	
	ATE RECEIVE OCAĻ REGIST		R'S SIGNAT	URE	25. FUNERAL	DIRECTOR St. Pare	L ST.	
	vs 150 39033							

See query reply in Document file.

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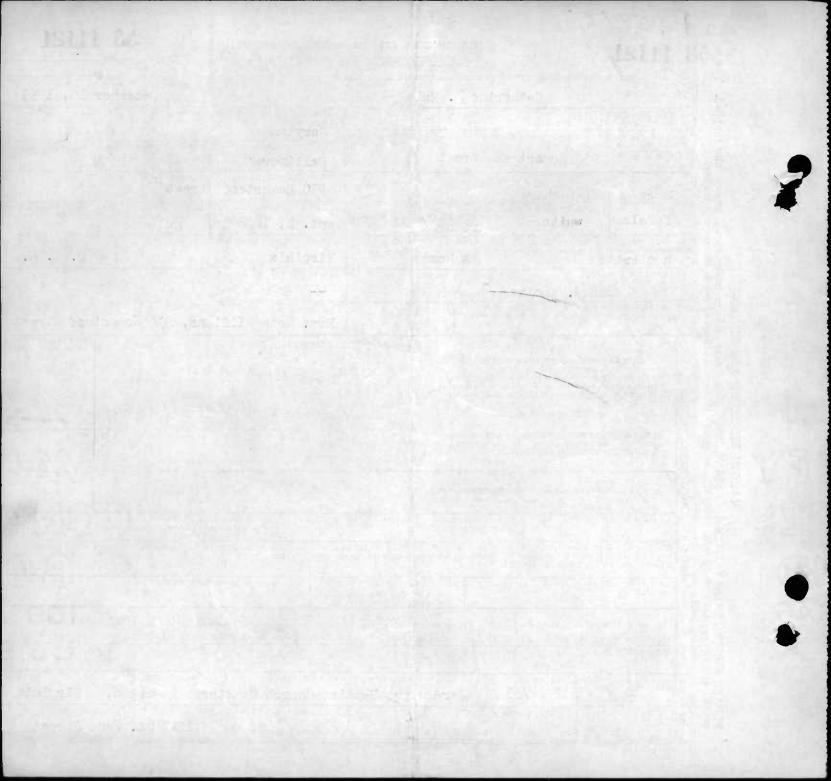
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11121

1	CERTIFICATE OF DEATH								
	IRTH NO.								
ir)	. NAME OF DI Type or Print)		erine M	. Hale			OF Decem	nber :	16, 1953
Α.		City, Maryland			A. STATE		Where deceased lived, B. COUNTY	lf institu	ntion: peridence herere admission)
H	FULL NAME ( OSPITAL OR NSTITUTION	930 Homester		ion, give street address or location)		OWN (II)	outside composite lier	nits/white	e RURAL and give township)
e.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give heation) 930 Homestead Street				
5.	female	6.COLOR OR RACE	WIDDW	E, MARRIED. VED, DIVORCED (Specify) OWED	Sept. 4,		9. AGE (In years last birthday)	If Under 1 Months I	Year If Under 24 Hours Days Hours Min.
1C wor	oa. USUAL OC k done during most o housewif	CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY			oreign country)	12. C	WHAT SOUNTRY?
13	3. FATHER'S N				14. MOTHER'S MAIDEN NAME				
		ohn J. Woolar							
(Ye	5. WAS DECEASE es, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	Mrs. Ru		ams, 930 Ho	Meste	
RTIFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  Byonchopmeumona  (A)  DUE TD  DUE TD  DUE TD  DUE TD								3 days
CERTIFICA	DISEASE	II BNIFICANT CONDITIONS DEATH BUT NOT FOR CONDITION CAUSING	RELATED TO						
	19A. DATE O		9в. CONDI VAS PERFO	TION FOR WHICH OF	PERATION	CAUSE D	ATION WAS RELATED DF OEATH, ENTER DR PART II	IN	O. AUTOPSY?
MEDICAL	21A. ACCIDE OR CONTRIE DEATH (ND)	ENT WAS UNDERLY! BUTING CAUSE OF TIFY MEDICAL EXAMINE	about	B. PLACE OF INJURY ( bome, farm, factory, street, office	e. g., in or bldg., etc.) INJUF	WHERE DID RY OCCUR?	(If in Baltimore Cit	ty, give	exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  m. WHILE AT NOT WHILE AT NOT WHILE AT WORK								
To de	22. I hereb	y certify that I att	ended the	deceased from Ma and that death occur	v. '46 rred at 3 A		De- 16, 19 the causes and on		
2	23A, SIGNA		. W.	ice M.D.	920 A	t. Pau	l St.	233	c. DATE SIGNED
TI BE	ion, REMOVAL (S buria	Specify) 79/78/E		24c. NAME OF CEMETE eruseleum Bapt					
	DATE RECEIVE OCAL REGIST				25. FUNERAL	10	1217 St.		Street

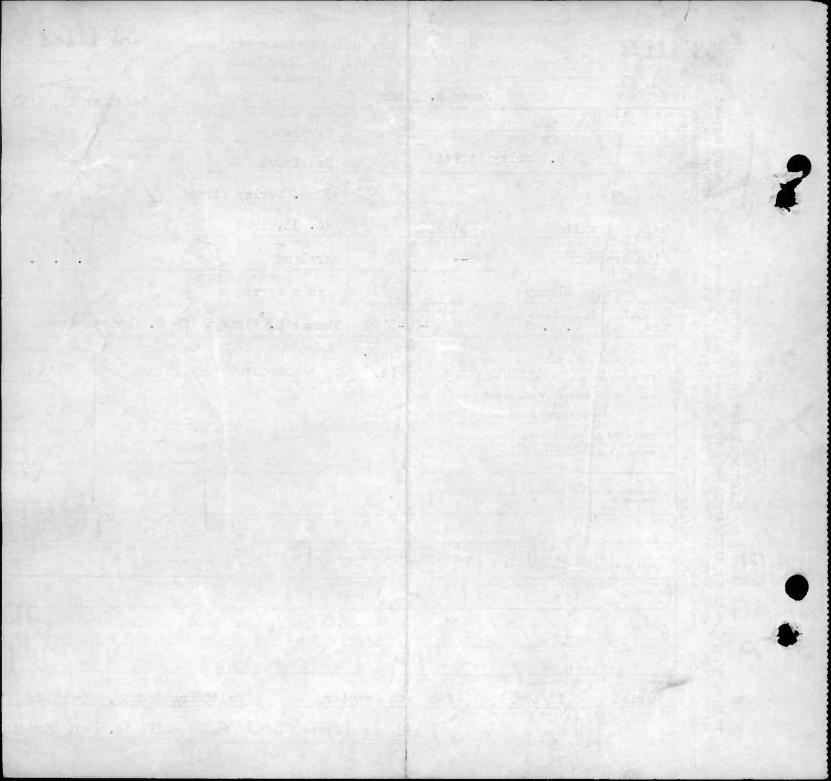
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The MARGIN RESERVED FOR BINDING

VS 150



## BALTIMORE CITY HEALTH DEPARTMENT

	RTH NO.		CERTIT	CATE	OF DEATH Reg	istered No.
(T	NAME OF DEC		James A. Blan	ey		December 15, 195
A.	PLACE OF DEA Baltimore Cit	ty, Maryland	al or institution, give street a	13	A. USUAL RESIDENCE (Where decease A. STATE B. CC Maryland	ed lived. If institution: residence DUNTY before admissi
HC	FULL NAME OF SSPITAL OR STITUTION	32 S. Curl		location)		or te limits evrite RURAL and g townsh
-		y in Baltimore		Yrs. Mos. Days	32 S. Curley Street	
5.	male 6	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED single	O (Specify)	Dec. 31, 1903   49	thday) Months Days Hours M
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Lithographer					11. BIRTHPLACE (State or foreign country Maryland	12. CITIZEN OF WHAT COUNTS
13	. FATHER'S NA Lorer	nzo Blaney			14. MOTHER'S MAIDEN NAME Laura Ayres	/
15 (Yes	. WAS DECEASED , no or unknown) yes	EVER IN U. S. ARMET (If yes, give war or date W. W. 2	of service)  16. SOCIAL SECURIA 215-01-6	765	Thomas M. Blaney, 209 M	ADDRESS V. Curley Street
NO		omplication which on the control of		1	IT 10 / D.	, 9 27
RTIFICATI	OTHER SIGNI	OR CONDITIONS, IS ABOVE CAUSE (A) NG CONDITION LA  II IFICANT CONDITIONS BEATH BUT NOT I	STATING THE DUE TO ST. (C)  CONTRIBUTING RELATED TO THE	evva	ced (whichlose Irlat	tral
L CERTIFICATI	OTHER SIGNI	ABOVE CAUSE (A) NG CONDITION LA  II IFICANT CONDITIONS DEATH BUT NOT I CONDITION CAUSING OPERATION [ ]	STATING THE DUE TO ST. (C)  CONTRIBUTING RELATED TO THE	HICH OF	CAUSE OF DEATH.	ENTER IN
EDICAL CERTIFICATI	OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU	ABOVE CAUSE (A) NG CONDITION LA  II IFICANT CONDITIONS DEATH BUT NOT I CONDITION CAUSING OPERATION [ ]	CONTRIBUTING RELATED TO THE 3 IT.  9B. CONDITION FOR WI VAS PERFORMED  NG 21B. PLACE OF IN about home, farm, factory,	JURY (	CAUSE OF DEATH, PART I OR PART II g., in or 21c. WHERE DID (If in Baltin	ENTER IN YES NO
DICAL CERTIFICATI	OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBUDEATH (NOTIF	II IFICANT CONDITION LA DEATH BUT NOT I CONDITION CAUSING OPERATION V IT WAS UNDERLYI	CONTRIBUTING RELATED TO THE 3 IT. 98. CONDITION FOR WI VAS PERFORMED  ING 218. PLACE OF IN about home, farm, factory,	NJURY (	g., in or 21c. WHERE DID (If in Baltin Injury occur?  D 21f. HOW DID INJURY OCCUR?	ENTER IN YES NO NO more City, give exact location)
EDICAL CERTIFICATI	OTHER SIGNITO THE DISEASE OR 19A. DATE OF CONTRIBUDEATH (NOTIF 21D. TIME (MOF INJURY)	II IFICANT CONDITION LA DEATH BUT NOT I CONDITION CAUSING OPERATION I V IT WAS UNDERLY ITING CAUSE OF Y MEDICAL EXAMINE certify that I at	CONTRIBUTING RELATED TO THE SIT.  CONDITION FOR WI VAS PERFORMED  ING 21B. PLACE OF IN about home, farm, factory, R)  (Hour) 21E. INJURY C WHILE AT WORK  Cended the deccased fro	NJURY ( street,office)  OCCURRE  NOT WHIL  AT WORK	g., in or 21c. WHERE DID (If in Baltin INJURY OCCUR?  D 21f. HOW DID INJURY OCCUR?	wore City, give exact location)  UR?  1953 that I last saw
EDICAL CERTIFICATI	OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (NOTIF 21D. TIME (MOF INJURY)	II IFICANT CONDITION LA DEATH BUT NOT I CONDITION CAUSING OPERATION 1 V IT WAS UNDERLY ITING CAUSE OF Y MEDICAL EXAMINE certify that I atterded on the condition of the condition of the certify that I atterded on the certification of the cer	CONTRIBUTING RELATED TO THE SIT.  CONDITION FOR WI VAS PERFORMED    NG   21B. PLACE OF IN about home, farm, factory,   R)	NJURY (catreet, office)  OCCURRENOT WHILE  AT WORN  The occur  The occur	CAUSE OF DEATH, PART I OR PART II g., in or ldg., etc.) Idg., etc.)  21c. WHERE DID (If in Baltin INJURY OCCUR?  21f. HOW DID INJURY OCCU  Compared at 6 Pm., from the causes 38. ADDRESS Balts	ENTER IN YES NO More City, give exact location)  UR?

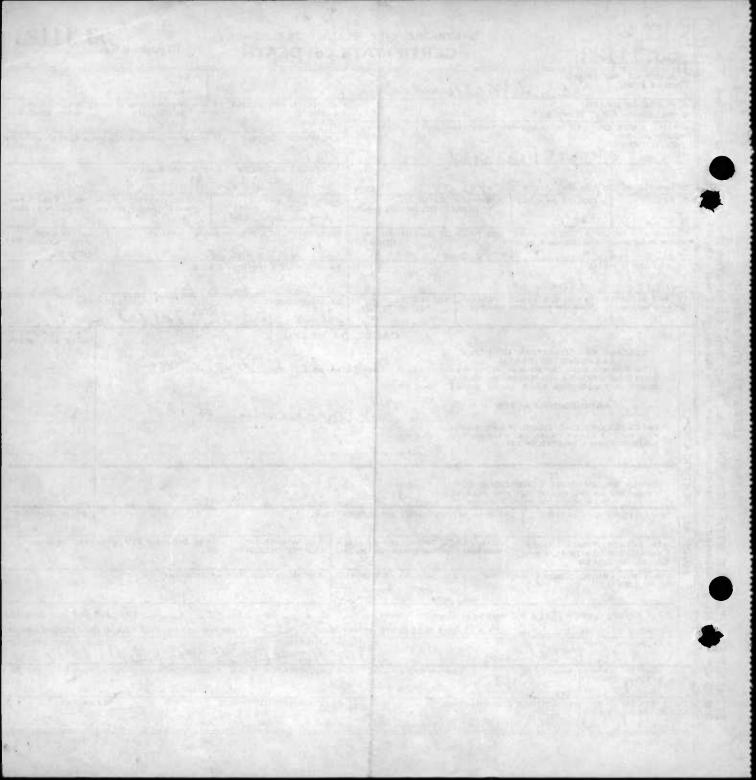


ADDRESS INTERVAL BETWEEN ONSET AND DEATH NO (If in Baltimore City, give exact location) 19 that I last saw the 19 32, and that death occurred at 1. 30 from the causes and on the date stated above. 23c. DATE SIGNED 240. LOCATION (City, town, or county) ADDRESS

before admission)

12. CITIZEN OF

WHAT COUNTRY?



BINDING

RESERVED

Anna of Barrey

260 41 25

Cong 6 1895

	B-26		ВА	LTIMORE (	CITY HE	ALTH DEPARTMENT		53 1:	1125
	53 11:	125			OF DEATH	Registered	No.	LEGU	
-	IRTH NO.								
(7	NAME OF D Type or Print)		eorge I	eo.Becke	r		OF DEATH 12-	-16-53	
A.		City, Maryland				A. USUAL RESIDENCE (VA. STATE Maryland	B. COUNTY		residence ore admission)
H	FULL NAME OSPITAL OR NSTITUTION	of (If not in hospit 1620 Harfor			address or location)		City coutside corporate im	its, write Ry	RAL and give township)
Æ.	Length of s	tay in Baltimore		Life	Yrs. Mos. Days	D. STREET ADDRESS (If 1620 Harford A		-	
	sex Male	6. COLOR OR RACE White		E, MARRIED, WED, DIVORCE 100	ED (Specify)	8. DATE OF BIRTH 12-27-1889	9. AGE (in years last birthday)	If Under 1 Year Ionths Days 11 19	Hours Min.
		CUPATION (Give kind of of working life, even if retired) ker		tory Sup	UNLIGTRY	11. BIRTHPLACE (State or for Baltimore, Maryla		U.S.	COUNTRY'
1:	George B					14. MOTHER'S MAIDEN NAME Rosa Guthrie			
1! (Ye	5. WAS DECEASE m, no or unknown) NO	ED EVER IN U.S. ARMEI (If yes, give war or date None	FORCES?	16. SOCIAL SECURI 215-10-	E822	17. INFORMANT Mr. George J.Be		ADDRESS Arford	venue
FICATION	(This does heart failu injury or DISEASES RISE TO T	DE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, IN HE ABOVE CAUSE (A) VING CONDITION LA	TH of dying, e. ons the disea caused deat SES FANY, GIVI STATING T	g., (A) se, h.) DUE TO	Chr	of DEATH workersto !	kant Once	ONSET	AL BETWEEN AND DEATH  YEARS
CERTIF	OTHER S TRIBUTING TO THE D								
AL	19A DATE OF OPERATION AT 19B MAJOR FINDINGS OF OPERATION							20. 7 YES (	NO P
MEDICAL								give exact	location)
~	21D, TIME ( OF INJURY	D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE   WHILE AT   NOT WHILE AT WORK   AT WORK				D 21F. HOW DID INJUR	Y OCCUR?		
		y certify that I att			ath occur	red at 46m., from t	he causes and on	the date st	ast saw the ated above
2		See	nit	24C. NAME OF	м. р.	223 E NOT	OCATION (City, tow)	12/	16/53
TI	ON, REMOVAL (S	pecify)	100	Moss Coah	-3		and and De	74 - 177	

DATE RECEIVED BY LOCAL REGISTRAR

Cathedral Cemetery

Burial 12-19-1953 REGISTRAR'S SIGNATURE

Edmondson Ave.Balto:Md.

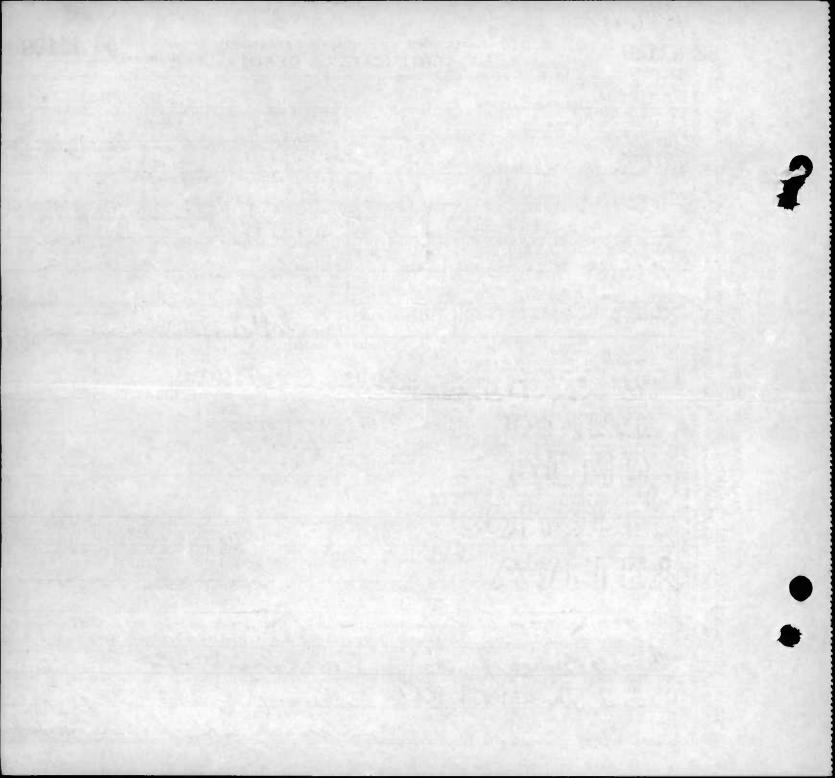
25. FUNERAL DIRECTOR ADDRESS George J.Ruth, Inc.-1735 Harford Avenue

VS 150

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# BALTIMORE CITY HEALTH DEPARTMENT 53 11126

age of	1	RTH NO.	TE OF DEATH Registered No.
The		NAME OF DECEASED	2. DATE
n-i		vpe or Print) A 1 ( )	OF 17 (7)
iec	3	PLACE OF DEATH:	DEATH 1 & 11103.
[dd	Α.	Baltimore City, Maryland	A. STATE B. COUNTY before admission)
ns	В.	FULL NAME OF (If not in hospital or institution, give street address of continuous conti	
I <sub>V</sub>		OSPITAL OR location	C. CITT OR TOWN (II butside curporate mining write hearth and give
ful y.	S	outh Bato. Gen. dosp.	3a Hillore 15
carefully supplied. egibly.	11	1 Yrs.	D. STREET ADDRESS (if rural, give location)
should be carefuarly and legibly	c.	Length of stay in Baltimore Mos. Days	
pp	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (in years It Under I Year It Under 24 Hours y) last birthday) Months; Days Hours: Min.
ıld	N	Tale White Married	111 1898 55
shou		A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRT-HPLACE (State or foreign country)   12. CITIZEN OF
0 1	10	coneduring most of working life, even if retired)	100
ion cl	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NG rmati death		III DI	S
NG de		Wilfred Saribean.	<u> </u>
BINDING of information uses of death cl	(Yes	WAS DE EASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
R BIN em of i causes	,		Mrs Cothering Dareheau - Some
and pass		18. 5 4.14 CAUSE	OF DEATH
FOR I		DISEASE OR CONDITION DIRECTLY	DNSET AND DEATH
VED FOI Every ite			r insufficiency
D		near transite, asthema, etc. it means the disease,	
Ever write		injury or complication which caused death.) DUE TD	
P4 '		ANTECEDENT CAUSES	
RESE INK. please	Z		1 = 11 thiasis
RE IN	TIO	DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	lecystitis
Z 7 .:		UNDERLYING CONDITION LAST, (C)(C)	
GIO	FIC		
MARGIN NFADING 1ysicians:	RTI	II CONTRIBUTIONS CONTRIBUTING	
MARGIN F UNFADING Physicians: p	LU	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
Pa	U	19a. DATE OF OPERATION # 19B. CONDITION FOR WHICH (	OPERATION   IF OPERATION WAS RELATED TO   20, AUTOPSY?
H +	AL	12-9-53 WAS PERFORMED thisis	CAUSE OF DEATH, ENTER IN
WITH rtant.	U		(e. g., In or 21C. WHERE DID (If in Baltimore City, give exact location)
- 6	DIC	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, offi	ce bldg., etc.) INJURY OCCUR?
K, K	ME	DEATH (NOTIFY MEDICAL EXAMINER)	
		21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	
AI		m. WHILE AT NOT WE MAKE AT WO	
PLAINLY, ecially imp		22 I hamples contifer that I attended the deceased from	24 53 , 19 , to 12 (17 53 , 19 , that I last saw the
=		described alive on 12117 53 19 and that death occident	urred at 9:16 A.m., from the causes and on the date stated above.
ZIT s e		24. SIGNATURE	23B. ADDRESS O LA JA 23C. DATE SIGNED
- H-1-		brallo Beuro Skmene "	1213 fight - ft. (2/17/53.
QB.	2.4	BURIAL, CREMA- AB, DATE 24C. NAME OF CEMET	BRY DR CREMATOR 24D. LOCATION (City, town, or county) (State)
SE	TIC	ON REMOVAL (Spacify)	Soft mi
PLEASE		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
PL	L	OCAL REGISTRAR	1 0 P 1 52,016 10
		HELT MENT CONTRACTOR LIBERTANCE	Severe Luck 2000 Martin
		VS 150	
	11	5.132	1



### BALTIMORE CITY HEALTH DEPARTMENT

53 11127

BIRTH NO.	CERTIFICATE OF	DEATH Registered I	No.
1. NAME OF DECEASED (Type or Print)	E. EPPLE	2. DATE OF DEATH 12	/16/53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USU	AL RESIDENCE (Where deceased lived, If	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institu		OR TOWN (If outside corporate amit	S, write RURAL and give
INSTITUTION MERCY HO	OSP	Ballimore 1	7 - Cowmins
20.	Yrs. O. STRI Mos.		Dally
5. SEX   6. COLOR OR RACE   7. SINGI	Days Days B. Date		H Under I Year I t Under 24 Hours
	RRICC /-	1-/881   last birthday) Mc	onths Days Hours Min.
	D OF BUSINESS OR II. BIR	THPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MO'	THER'S MAIDEN NAME	USA
JAMES BURMING	Ca	Thooling Hogeri	TV
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL 17. INF	ORMANT A	DDRESS
	IMR	JOHN H. EPI	LE-SAME
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEA	ATH / /	ONSET AND DEATH
(This does not mean the mode of dying, e.	E Whelmer	rare Intarction	Sdarp:
heart failure, asthenia, etc. It means the dises injury or complication which caused deat	th.) OUE TO		
ANTECEDENT CAUSES	W. to	P. 1: Val	1/2
DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	ING THE OUE TO		see year
UNDERLYING CONDITION LAST.	(C)		
E II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.			
194. DATE OF OPERATION   198. CONE		CAUSE OF DEATH, ENTER I	YES NO
WAS PERFULY WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	IB. PLACE OF INJURY (e. g., in or at home, farm, factory, street, office bldg., etc.)	21c. WHERE DID (If in Baltimore City, INJURY OCCUR?	give exact location)
OF INJURY (Month) (Day) (Year) (Hour) of INJURY	21E. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby cortify that I attended th	//	319 , to 12/16, 19/	Ithat I last saw the
	, and that death occurred at	an., from the causes and on the	
1/1/11/11/11/19	essence of Me	ress blom Balto	12/16/07
24A BURIAL CREMA- 24B. DATE TION REMOVAL (Spelify)	24C. NAME OF CEMETERY OF CR	REMATORY 240. LACATION (City, town	or count) (State)
Durial 17/19/19/3	Holy Kidee	me Dala 1.	ADDRESSA
DATE RECEIVED BY REGISTRAT'S SIGNAT	TURE 25 FUN	VERAL DIRECTOR	Tacket

The PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

MARGIN RESERVED FOR BINDING

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	53	11128
Registeren		

	BIE	RTH NO.			CERTIFICA	TE OF	DEAT	Н	Registere	d No	
	1.	NAME OF DE	CEASED M1	a Cath	erine M. Me	0.307			2. DATE OF DO		6 1053
		PLACE OF DE		15 - a 011	OT THO M. Mg		ATE		DEATH De	l. If insti	tution: residence before audieslon)
	В. Е	FULL NAME OF STITUTION	OF (If not in hos		cion, give street address locatio		Y OR TOWN	yland (II o ti mo re		inity, wr	ite RURAL and give township)
gibly	6	d			Yrs Mos	1	_		ural, give location		
and legibly	_	Length of st	ay in Baltimore		Day E. MARRIED.	8. DA	OL3 B	rendar н	9 AGE (In year)	e If Under	1 Year   If Under 24 Hours
- 11		emale	white		ved divorced (Speci single	June	20,1		_ 58		Days Hours Min.
clearly	work	done during most o	CUPATION (Give kio f working life, even if retin 16	od) 108. KINI	O OF BUSINESS OR INDUST	25/	timo re	- 4-	yland	12.	CITIZEN OF WHAT COUNTRY?
death	13.	FATHER'S N					OTHER'S MA		ME mittlin		
of de	15 (Yes		D EVER IN U. S. AR	AED FORCES?	16. SOCIAL SECURITY NO	17. IN	FORMANT		11.002211	ADDR	ESS
causes						Mr.		el L.	Maerz,	3013	Brendan
the car			E OR CONDITIO LEADING TO DI not mean the mod	ATH	0	of DE	ie hu	10 Car	Sites		onset and death
please write	ICATION	DISEASES	re, asthenia, etc. It recomplication which  ANTECEDENT CA  OR CONDITIONS HE ABOVE CAUSE ( ING CONDITION)	caused death USES  IF ANY, GIVE A) STATING T	h.) OUE TO  (B) Att	gert	clist Ensi	e Ca Ase	rdiores	evla	v 5 yrs.
Physicians:	ERTIF	TO THE	II NIFICANT CONDITION DEATH BUT NO R CONDITION CAUS	RELATEO T		2 mily	legn	a Î			1949
	AL	19a. DATE O	F OPERATION O	198. COND WAS PERFO		OPERATIO		PART I O	ION WAS RELATI F OEATH, ENTE R PART II	R IN	20. AUTOPSY?
important.	MEDIC	OR CONTRIE	INT WAS UNDER BUTING CAUSE IFY MEDICAL EXAM	OF about	B. PLACE OF INJURY home, farm, factory, street, of	(e. g., In or fice bldg., etc.)	21C. WHE	RE DID (	If in Baltimore (	City, give	c exact location)
	4	OF INJURY	Month) (Day) (Ye	m.	21E. INJURY OCCUP WHILE AT WORK AT W	HILE			URY OCCUR?		
especially		22. I hereb	y certify that I	attended the	deceased from	zet.	70, 194	8, tools	00.16,1	913, tl	hat I last saw the
13		deceased a		6, 195 J	and that death occ	23B. AD	DRESS 1	in from the	t auses and o	n the d	3c. DATE SIGNED
t age	24 TIC	N. REMOVAL	pecify)	19,1953	Holy Red		~	-	laimore.		
correct		Buri a.  ATE RECEIVE DCAL REGIST	D BY   REGISTR	AR'S SIGNAT		120	neral fi	FERE	6	AL	ord Road.

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Dr. Wolff 1331 E. North

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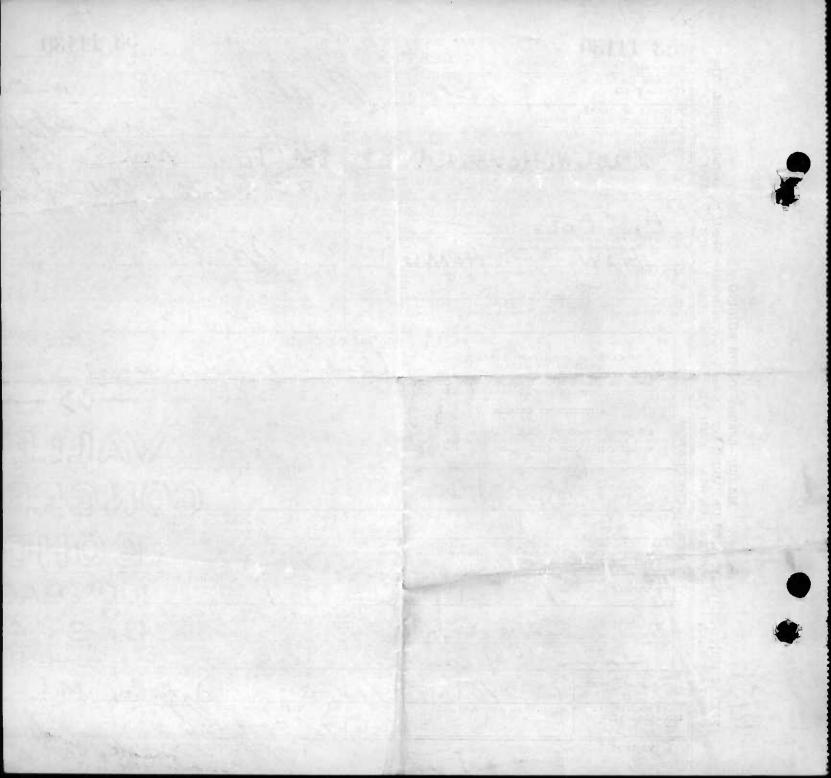
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	d. The	
MANUAL MESSELVED FOR DINCING	IE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. especially important. Physicians: please write the causes of death clearly and legibly.	
THORN INDIVIN	WITH UNFADING INK. ortant. Physicians: please	
	FE PLAINLY, especially impo	

	E	9-624		
The	BI	53 11129 BALTIMORE CITY HE CERTIFICATE		
	(T	NAME OF DECEASED CATHERINE PRISCOLL	2. DATE OF DEC. 17, 1953	
ilqqı	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residen  A. STATE  B. COUNTY  before admi-	
should be carefully supplied.	H	FULL NAME OF (If not in hospital or institution, give street address or location)  NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL an	d giv
caref	6	PLength of stay in Baltimore LIFE Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location)	
uld be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Nov. 1881 72	
(DING) information shouls of death clearly	wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  NURSE  10B. KIND OF BUSINESS OR INDUSTRY	14V. U.S.	ITRY
NG ormati death		DANIEL C. DRISCOLL	MARY E. DRISCOLL	
R BINDING	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MRS. J. SHANLEY 1447 LOWMAN	>T.
FOR y item the car		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	uowa, bruary Hadde 14	DEAT
ESER INK.	CATION	ANTECEDENT CAUSES		
MARGIN F UNFADING Physicians: p	ERTIFI	DISEASE OR CONDITION CAUSING IT.		
H	AL C	194. DATE OF OPERATION 198. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF OEATH, ENTER IN YES NO	K
. 0	MEDICA		bldg,,etc.) INJURY OCCUR?	
3 5		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  nn. WHILE AT NOT WHILE AT WORK  AT WORK	ILE TO THE TOTAL PROPERTY OF THE PROPERTY OF T	4
TE PLA			Nov ,1953 to 17 DUL, 1913 that I last sa rred at 4/4 m., from the causes and on the date stated a	ıbov
E WRI		Jour 20000/, M.O.	23B. ADDRESS 1261 8. Believely For 17 Del 3 ERY OF CREMATORY 24D. LOCATION (City, town, or county) (S	State
PLEASE WRITE correct age is esp	_	AL BIRIAL CREMA- 248. DATE SURIAL (Specify) 12-17-1953 NAME OF CEMETE SURIAL SPECIFICATION OF CATAL	EDRAL BALTO.	
PLI		DATE RECEIVED BY REGISTRAR'S SIGNATURE	H.W. JENKINS & SONS CO. 4905 VORK	20
		vs 150 720	8A	

PR JOHN DE HOFF

DEPARTMENT FICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH L . USUAL RESIDENCE (Where deceased lived, If institution : reside 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside carefully INSTITUTION legibly ADDRESS (If rural, give Yrs. Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE If Under | Year 7. SINGLE, MARRIED 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE State or foreign 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information death 14. MOTHER'S MAIDEN NAME 13. FATHER'S of 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO causes of INTERVAL BETWEEN 18. 442X CAUSE OF DEATH item ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Every (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please INK. CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART I OR PART II DICA 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) Ш AINLY 21D. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE especially 19 3 that I last saw th 22. I hereby certify that I attended the deceased from deceased glive on 19 19 and that death occurred at WRITE m., from the causes and on the date stated above C. DATE SIGNED 23B. ADDRESS 23A, SIGNATURE 301-5-24A. BURIAL, CREMA-24c. NAME OF CEMET 24p. LOCATION 248. DATE PLEASE TION, REMOVAL (Specify) ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNE RAL DIBECTOR LOCAL REGISTRAR VS 150



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	r	O 44494		EALTH DEPARTMENT	Registered No.	11131
	Bì	13 11131 RTH NO.	CERTIFICATI	E OF DEATH	Registered No.	
	1.	NAME OF DECEASED ROSE	RUDMI	AN	2. DATE OF DEATH /2-/	7-50
	3. A.	PLACE OF DEATH: Baltimore City, Maryland 4613	ark Hats	4. USUAL RESIDENCE, (WI		tution : residence before admission)
	B. HC	FULL NAME OF (If not in hospital or instit	ution, give street address or location)		outside corporate limits, w	rite PIIP M and aive
	IN	STITUTION // Lenae	Home	Halten	ore /	O (pwnship)
	7	AD A CAN DE POLICI	Yrs.	D. STREET ADDRESS (If	ural, give location)	1110
	_	Length of stay in Baltimore SEX   6.COLOR OR RACE   7. SING	LE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years) If Under	
2	Te	mule white w	OWED DIVORCED (Specify)		last birthday) Months	Days Hours Min.
	10.	done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)   12.	CITIZEN OF WHAT COUNTRY?
	13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	7	not known		not shu	own	
	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDF	ress //
				Mun Rua	man-8/31	o Howard
		18. 42211 I DISEASE OR CONDITION DIRECTL		OF DEATH	0	INTERVAL BETWEEN ONSET AND DEATH
		(This does not mean the mode of dving, e	(A) ( ay	That hem	ortugh	
		heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase, th.) DUE TO		0	
		ANTECEDENT CAUSES	Uster.	mAclerose		
	ATION	DISEASES OR CONDITIONS, IF ANY, GIV	(8) TING THE DUE TO	000		10-3/1
		UNDERLYING CONDITION LAST.	(C)	Carolio Da	Toube Clary	10 45
	TIFIC					
	ER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELA	TED			
	L	19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	ATION		20. AUTOPSY?
	CA	21A. ACCIDENT WAS UNDER-   218. P	LACE OF INJURY (e. g., is	o or   21c, WHERE DID (If	in Baltimore City, give	YES NO Exact location)
	4ED	LYING OR CONTRIBUTING about hom	ne, farm, factory, street, office bldg.,	INJURY OCCUR?		
	-	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR		OCCUR?	
		m.	WHILE AT NOT WHILE AT WORK		124	
		22. I hereby certify that I attended the deceased alive on 177 19		mad at 2 45, 19 , to 13/		nat I last saw the
		23A. SIGNATURE		rred atm., from th	( M 2	3c. DATE SIGNED
	<u> </u>	A COMPANY COMPANY	M. D.	5418 FRY	/ )	7/17/13
	TIC	NA REMOVAL (Specify)	24c. NAME OF CEMETE	vuel 246. Lo	Palto	ounty) (State)
		ATE RECEIVED BY REGISTRAR'S SIGNA	Valletie & May	25. FUNERAL DIRECTOR	es Zina ha	Tros PS
	=	VS 150	77		- 7,00	

### BALTIMORE CITY HEALTH DEPARTMENT

53	11132
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The	BI	73 111. RTH NO.	34		CERTIFICAT	E OF	DEATH	Registered	No.
135.7	1.	NAME OF DE		iam P.	Gosnell			2. DATE OF DEATH DECE	ember 16, 1953
pplie	A.	3. PLACE OF DEATH: A. Baltimore City, Maryland						Where deceased lived. B. COUNTY	If institution : residence before admission)
of information should be carefully supplied. uses of death clearly and legibly.	H	FULL NAME O OSPITAL OR ISTITUTION	Park Hill 1802 Euta	Nursin	0		Marylan OR TOWN (1  Baltimo	f outside corporate lin	nits, write RURAL and give
carefegibl	c.	Length of st	ay in Baltimore	Life	Yrs. Mos. Days	D. STREE	- 1 -	rural, give location)	ace
and la			6.COLOR OR RACE White	WIDOV	E. MARRIED, VED, DIVORCEO (Specify) Orced		6, 1892	9. AGE (In years) last birthday)	Wonths Days Hours Min.
n shou	10 work	A. USUAL OCC. done during most of Shipping	CUPATION (Give kind of working life, even if retired) Clerk		of Business or INDUSTRY	11. BIRTH	PLACE (State or a	foreign country)	12. CITIZEN OF WHAT COUNTRY?
atio	13	FATHER'S N.	AME	1 000		14. MOTH	HER'S MAIDEN N	IAME	
dea			ranklin Gosn			Ali	ce Amanda	Harding	
f infe es of	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.						17. INFORMANT ADDRESS Place Mrs. Mary Estelle Bortle 31/15 Crittentor		
UNFADING INK. Every item of i Physicians: please write the causes	ICATION	(This does heart failur Injury or In	E OR CONDITION LEADING TO DEA not mean the mode e, asthenia, etc. It mes complication which  OR CONDITIONS, IE ABOVE CAUSE (A) ING CONDITION L	TH of dying, e. uns the diseaseaused death SES F ANY, GIVII STATING T	(B) Arteri			hage enhritis	5 days 5 months
NFAD	ERTIFIC	TO THE	II  WIFICANT CONDITIONS  DEATH BUT NOT  CONDITION CAUSING	RELATED T					
-	CAL C		OPERATION   1		ITION FOR WHICH O	PERATION	CAUSE	ATION WAS RELATED OF DEATH, ENTER OR PART II	
Y, WITH portant.	ED	OR CONTRIB	NT WAS UNDERLY UTING CAUSE OF FY MEDICAL EXAMINE	about	B. PLACE OF INJURY home, farm, factory, street, office		1c. WHERE DID NJURY OCCUR?	(If in Baltimore Ci	ty, give exact location)
AINL Ily im	Σ	21D. TIME (I OF INJURY	Month) (Day) (Year)	(Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK	LE	1F. HOW DID IN	JURY OCCUR?	٤
WRITE PLAINLY, WITH		22. I hereby deceased all 23A. SIGNAT	ve on 12-16-	tended the	and that death occu	rred at 1	.30 m., from	the causes and on	53that I last saw the the date stated above 23c. DATE SIGNED
LEASE WI		4A. BURIAL, CON, REMOVAL (SI	Dec. 19		2 M.D. 24c. NAME OF CEMETI Western	ERY OR CRE	Bal		yland
LE		ATE RECEIVED		SSIGNAT	URE	25. FUNI	RAL DIRECTOR		ADDRESS

MARGIN RESERVED FOR BINDING

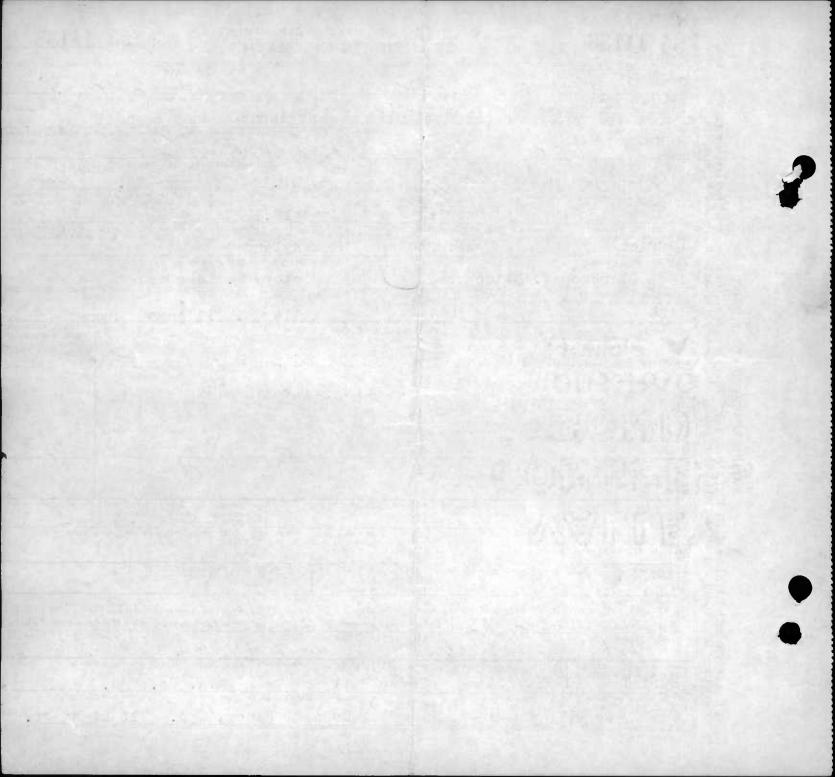
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3424R Horace F. Burgel

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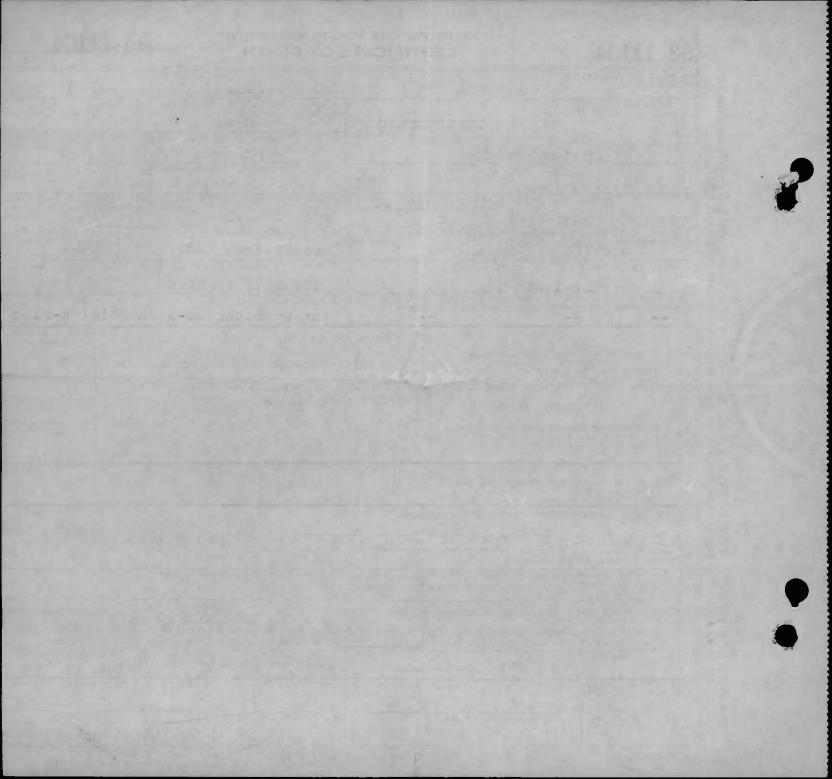
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	The	
MARGIN RESERVED FOR BINDING	BE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.	

eu.	7 43	3 11133 CERTIFICATE	EALTH DEPARTMENT Registered No. 11133
. The	1.	NAME OF DECEASED	2. DATE OF 10 - 1/- 17
should be carefully supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
lly su	HO	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
arefu gibly.	4	Langth of stay in Raltimore Life Mos.	D. STREET ADDRESS (If rural, give location) Sunset
NDING information should be carefu s of death clearly and legibly.	5.	SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH  9. AGE (In years   Worder   Year   Worder   Year   Worder   Worder
shoul arly	10 work	Married  A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)  k done during most of working life, even if retired)	June 12,1936 / 7  11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
ttion th cle	13	office Dept. Store	Maryland 14. MOTHER'S MAIDEN NAME
orms dea	15	Clarence W. Stinchcomb	Victory D. Langford
BINDING of inform uses of dea	(Yes	(If yes, give war or detes of service) SECURITY NO.	William G. Willings Same
Every item		DISEASE OR CONDITION DIRECTLY	of DEATH INTERNAL BETWEEN ONSET AND DEATH CONCRECTIONS CONSET AND DEATH
GIN RESE JING INK. ans: please	FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
MARGIN UNFADING Physicians: 1	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
-	AL C	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF DEATH, ENTER IN PART I OR PART II
ILY, impo	1EDIC	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (about home, farm, factory, street, office	(e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location) sebldg., etc.)
	2	OF INJURY  OF INJURY	IILE TO THE TOTAL CONTROL OF THE PARTY OF TH
		22. I hereby certify that I attended the deceased from 12 deceased alive on 12 16, 193, and that death occur	1953 to 12-164, 1953 that I last saw the arred at 2 10 mm., from the causes and on the date stated above.
PLEASE WRITE correct age is esp		Bolest W. Leland M. D. 2	23B. ADDRESS 23C. DATE SIGNED 12-16-53
ASE ect ag	TIG	4A. BURIAL, CREMA 24B. DATE ON. REMOVAL (Specify) 12/19/53 Cedar Hi	A.A. Co., Md.
PLE		ATE RECEIVED BY COAL REGISTRAR'S SIGNATURE	John F. Denny, Inc. 715 Light St.
		vs 150 0 39	06C

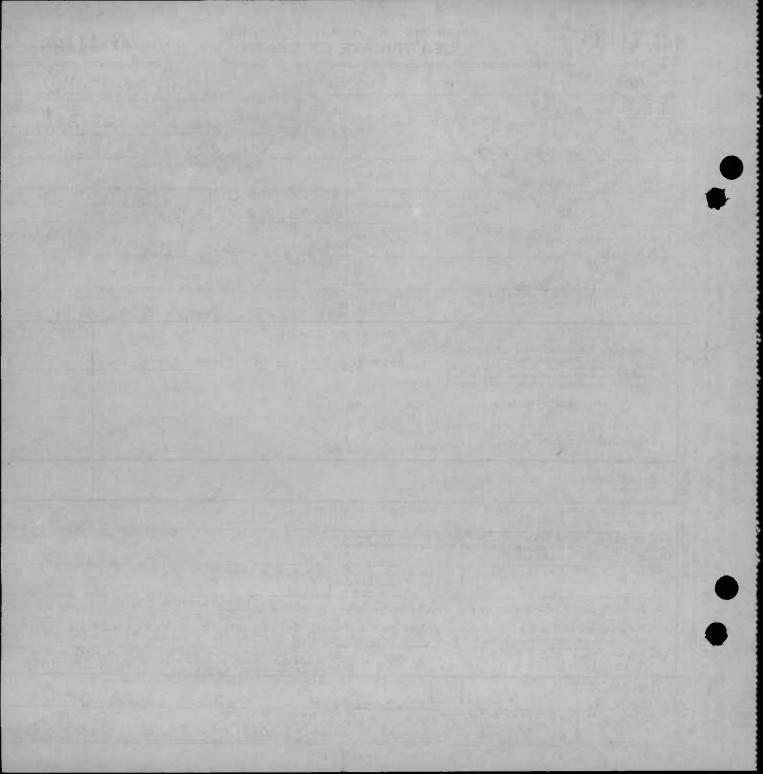


	3 11134 CERTIFICAT		
(T	NAME OF DECEASED (ype or Print) ELIZABETH SHE	PPARD Michelas   2. DATE OF DECEmber 16, 19	53
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admissi	
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Iocation)	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and	giv
0	Provident Hospital	Baltimore  o. STREET ADDRESS (If rural, give location)	
C	Length of stay in Baltimore Mos.  Days	1132 Shields Place	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		dours
	Female Colored m	8. DATE OF BIRTH Sept. 27-1915  9. AGE (In years   Il Undel   Year   Months   Days   Hours   Months   Hours   Ho	. 111
1 O	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR Lobert Mousewife, even if retired)  NOUSEWITE	11. BIRTHPLACE (State or foreign country)  Chestertown Md. 12. CITIZEN OF TWHAT COUNT	RY
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Levi Redding	Llizabeth Johnson	2
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
_		Stanley Nicholas-1132 Shields-Pla	.CI
CERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO PUPTU CIPCL		
	194. DATE OF OPERATION 195. MAJOR FINDINGS OF OPER	YES X NO	
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?	
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK  AT WORK		
	22. I certify that I took charge of the remains described of	above, held an Autopsy thereon and fr Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated abo	
		8 N, accident □, suicide □, homicide □, undetermined □.    23B. CHIEF MEDICAL EXAMINER X   23C. DATE SIGNED	

1011 M. allugton ave



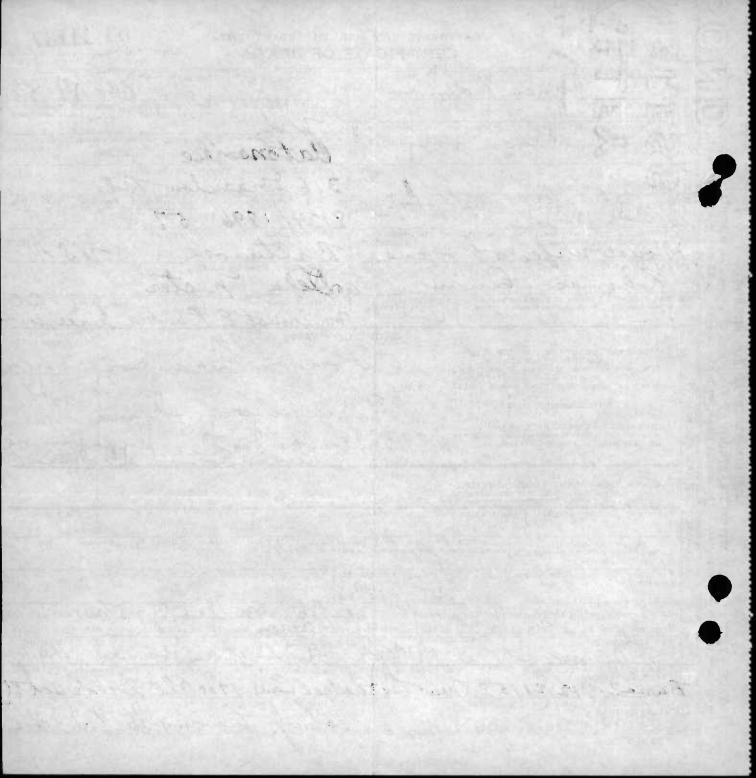
1-620				
53 11135 BA	LTIMORE CITY HEALT		Registered No.	11105
BIRTH NO.	CERTIFICATE O	L DEVIU		3.3.100
1. NAME OF DECEASED (Type or Print) DAN	TEL NORRIS		of Dec. 1	7, 1953
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institu	A. S	JSUAL RESIDENCE (Who TATE Maryland	ere deceased lived, If ins	titution: residence before admission
HOSPITAL OR INSTITUTION Kress Farm Dairy	1	ITY OR TOWN (If or	tside corporate limits, v	township
10	Mos.	TREET ADDRESS (lf ru	al, give location)	100
	Days    8. D	ATE OF BIRTH   5	AGE (In years If United last birthday)	er l Year II Under 24 Hours S Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work dopeduring most of working life, even if retired)	INDUSTRY	Prersville	mal.	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAM	iE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT	ome - Keodys	ile. Im Q
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(B)	erotic cardiova		•
OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED			
	R FINDINGS OF OPERATIO	N		20. AUTOPSY?
V 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)
≥ 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY		
22. I certify that I took charge of th	e remains described above	, held an inspect	ion & inquiry	thereon and from
the evidence obtained by said Au and death in my opinion resulted	tonsu. Inspection or Inqui	ry, find that said dec	spection or Inquiry eased died on the ], homicide [], und	day stated above letermined .
28A. SIGNATURE (1. Jail	mmEn M.D.	23B. CHIEF MEDICAL EX ASSISTANT MEDICAL EX MEDICAL INVESTIGATO	Dec.	18, 1953
24A. QURIAL CREMA- 24B. DATE TION, REMOVAL (Specify)	Zac. NAME OF CEMETERY OF	CREMATORY 24b. LOC	CATION (City, town, or	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	TURE 25.	Tropner	Thomas É	Palo, ma
V S 151	9709	9		1



	pplied. The
MARGIN RESERVED FOR BINDING	PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The pecially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESEI	PLAINLY, WITH UNFADING INK. pecially important. Physicians: please

1.	NAME OF D ype or Print)	ECEASED WATTA	o Mae N	icholson			2. DATE OF	Dec.	17, 1953
	PLACE OF D		TOHOLBOH		DENCE (W	DEATH	l lived. If i	institution : residence	
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR					A. STATE MC		B. COL	JNTY	before admissi
H	SPITAL OR STITUTION	C. CIT ON TOTAL				write RURAL and towns			
6	Yrs. Mos. Days					o. Md.			
5.	sex F	6. COLOR OR RACE		, MARRIED. ED, DIVORCED (Specify)	12/24/19		9. AGE (In last birth	years H	Under I Year II Under 24 h nths Days Hours N
		CUPATION (Give kind of	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	• C•	oreign country	7)	12. CITIZEN OF WHAT COUNT
13	. FATHER'S	NAME ?		?	14. MOTHER'S	MAIDEN N.	AME	,	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	-		AI	DDRESS
`	No			None	James	Nickols	on 1380	N. C	alhoun St.
7	heart failu	inot mean the mode ore, asthenia, etc. It mea complication which can an anticomplication cause	of dying, e. g ins the disease caused death.	DUE TO	ebral's	Hen	corle	ge	3 day
ICATION	heart failu injury or DISEASE RISE TO T	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of	TH of dying, e. g ons the disease caused death. SES  F ANY, GIVIN STATING TH	DUE TO (B) Hyp	ebrals oerlende	Yen be A	eart	ge	3 day
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MEDICAL CE	DISEASE RISE TO TUNDERLY  OTHER SIGNOTHER SIGNOTHER SIGNOTHER SIGNOTHER DISEASE CONTRIBUTION OF CONTRIBUTION OF INJURY  210. TIME OF INJURY  22. I herel deceased at 23a. SENA	LEADING TO DEAT INTO THE MODE OF THE ABOVE CAUSE (A) YING CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITIONS DEATH BUT NOT FOR CONDITION CAUSING FOPERATION 1 VENT WAS UNDERLY BUTING CAUSE OF CONDITION CAUSING (Month) (Day) (Year) TURE	of dying, e. g in the disease saused death.  SES  F ANY, GIVIN STATING THAST.  CONTRIBURATION TO SIT.  9B. CONDITIVAS PERFOIL SER)  (Hour) 2  m. tended the	TING THE TION FOR WHICH O RMED  PLACE OF INJURY come, farm, factory, street, office  HE. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR  deceased from 10 and that death occu	(e. g., in or ebidg., etc.)  RED  21F. HO  ILE  Tred at 2  23B. ADDRESS  ERY OR CREMATO	EAUSE COPPART ICE PART ICE PAR	OF DEATH, DR PART II (If in Baltim	R?  195.  ind on the lity, town,	YES NO give exact location)  That I last saw he date stated ab  23c. DATE SIGN  12 -/8 -37  or county) (Sta

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF COLLINS DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deccased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate imits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. L. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) 12 best 1900 moviele 11. BIRTHPLACE (State or foreign country) USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY orchester Co 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 2 X CAUSE OF DEATH 18. 9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Inemia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES 20 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO RTIFICATI UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ш DISEASE OR CONDITION CAUSING IT.  $\overline{\mathbf{0}}$ 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN PART 1 OR PART II 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) about hame, farm, factory, street, office bldg., etc.) OR CONTRIBUTING | CAUSE OF INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21F. HOW DID INJURY OCCUR? 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I hereby certify that I attended the deceased from

19.33 that I last saw the 1953, and that death occurred at /2. deceased alive on 12 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE TION, REMOVAL (Specify) 19-50 Birmell ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

11138

H Under 1 Year

**ADDRESS** 

106

Months Days Hours Min.

12. CITIZEN OF

WHAT COUNTRY?

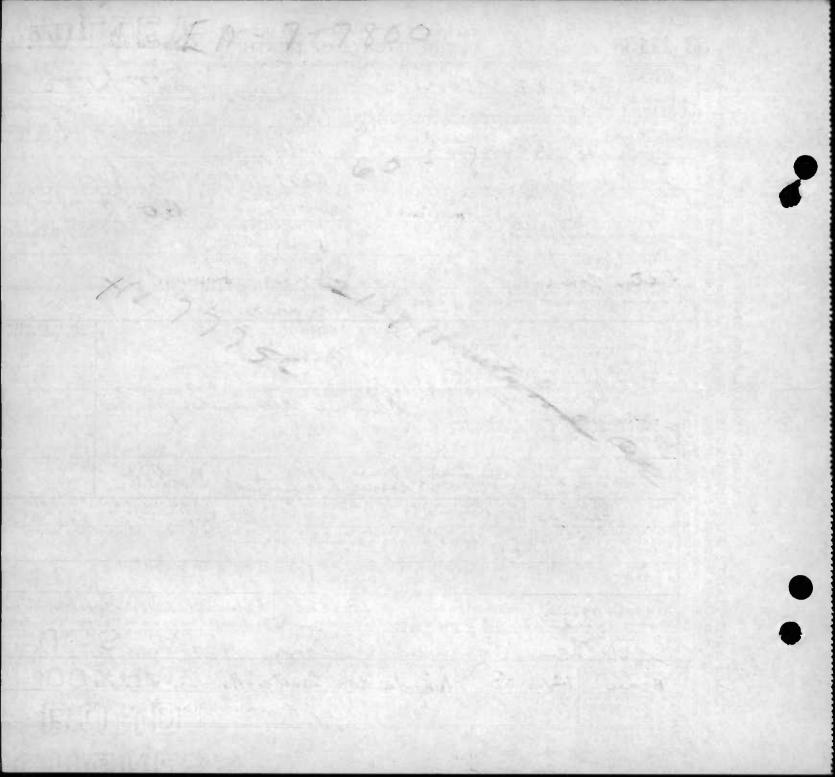
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSYT

belove idmission)

township)



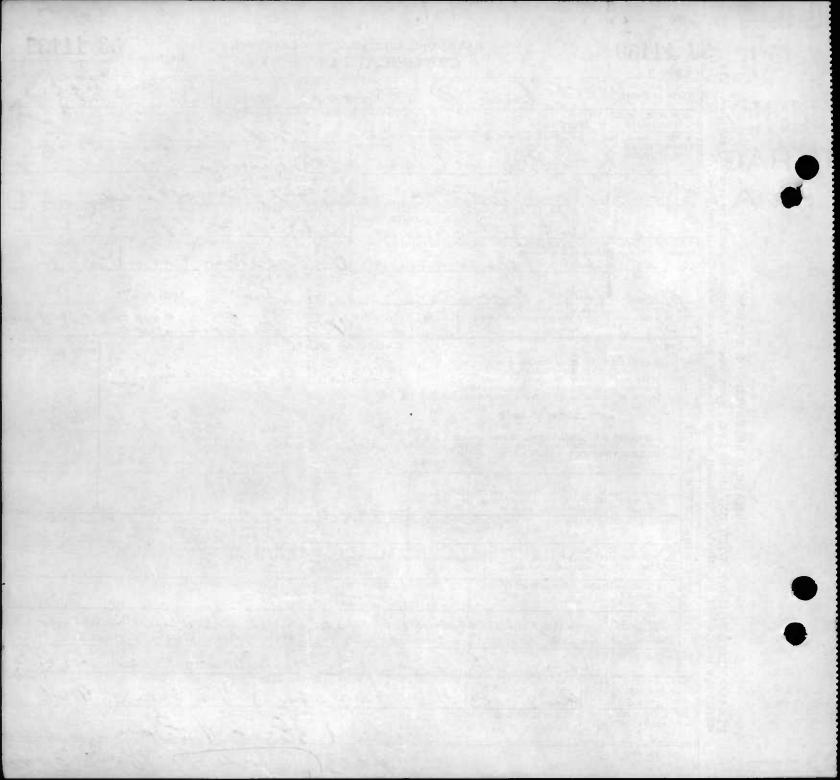
### CERTIFICATE OF DEATH

Registered No. 11139

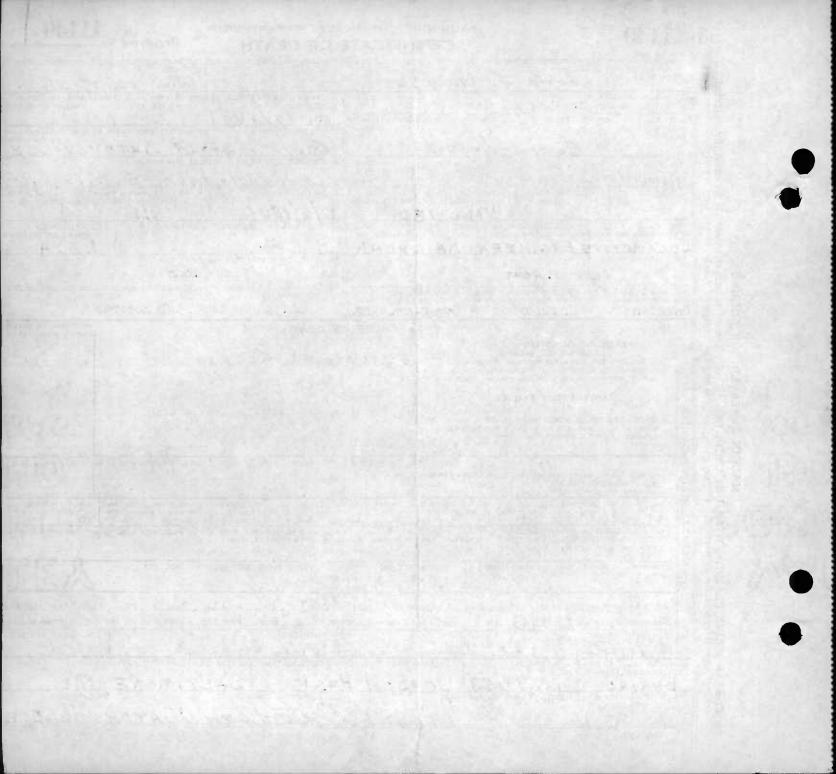
The		CERTIFICATE	OF DEATH Registered No.
	1.	NAME OF DECEASED Charles W. Boo	mes   2. DATE Thus. Deg.
supplied.	A.	Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before plansion)
ld be carefully and legibly.	HC	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION  1147 Monroe Circle	c. CIDYOR TOWN (If outside corp rate heits, were KUIta Lind give (ownship)
	0	Length of stay in Baltimore About 30 yrs Moss. Days	D. STREET ADDRESS (If rural, give location)  1147 Monrol Circle
	3.	hale Muit Midowed (Specify)	8. DATE OF BIRTH  9. AGE (in years last birthday)  Months: Days   Il Under 1 Year Min.
on should	Work	the done during meat of working life, even if retired horober Business (	11. EIRTHPLACE (State or foreign quintry) 12. CITIZEN OF WHAT COUNTRY?
VDING information s of death cl	13	Lhalis M. Comes -	anelia Wright
BINDING of inform uses of dez	(Yes	(If yes, give war or dates of service)  (If yes, give war or dates of service)  (If yes, give war or dates of service)	Woon. E. Evano Balt 25 mg
Rem		18. 1143 CAUSE OF	F DEATH
中中		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Chaf femandage
RESERVED INK. Ever please write	z	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	terberene Cartho vouls
IN RENG IN	FICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	See .
MARGIN UNFADING Physicians:	ERTIFI	OTHER SIGNIFICANT CONOITIONS CONTRIBUTING	
htd	AL C	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPER	CAUSE OF DEATH, ENTER IN PART I OR PART II
ILY, WITH important.	IEDICAL	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e. g. or CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	g., in or 21C. WHERE DID (If in Baltimore City, give exact location) dg.,etc.) INJURY OCCUR?
-/-	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE MORK AT WORK	
~		deceased alive on 12/17, 19 3, and that death occurre	red at b's of m., from the causes and on the date stated above.
WRITE ge is esp		23A. SIGNATURE Samuel Sulvey. O. 23B	23c. Date SIGNED 23c. DATE SIGNED 15/18/53
लि ल	TI	24A. BURIAL, CREMA- TION, REMOVAL (Specify) Pec, 21, 1953 Sley Hover	in Cen. y Cen Burnie Mist.
PLEAS correct		DATE RECEIVED BY REGISTRAR'S SIGNATURE 2 LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS

VS 150

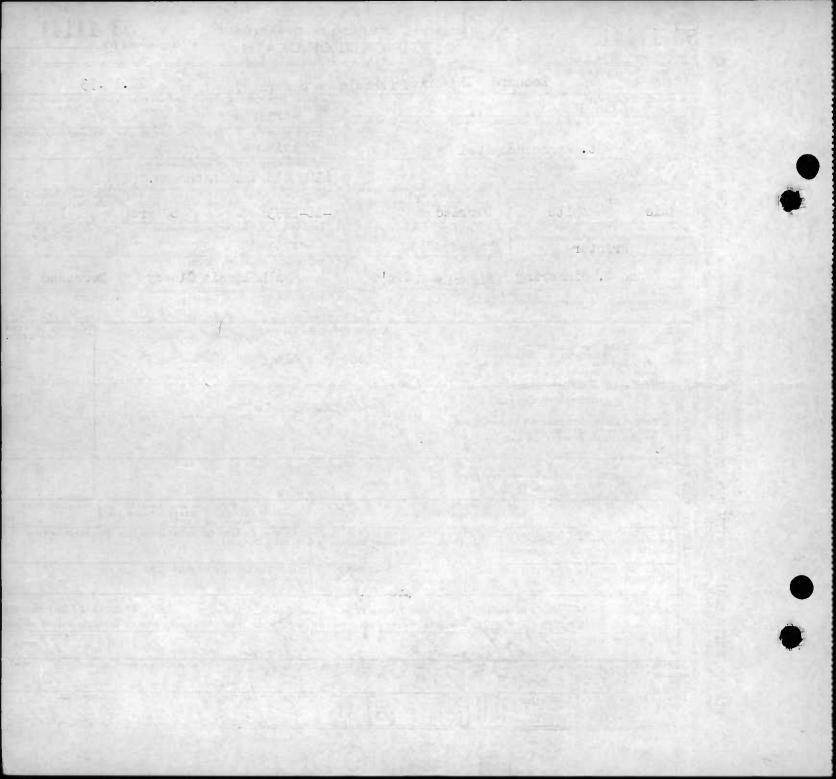
97052 14005 Charles St Bolts 30 kg

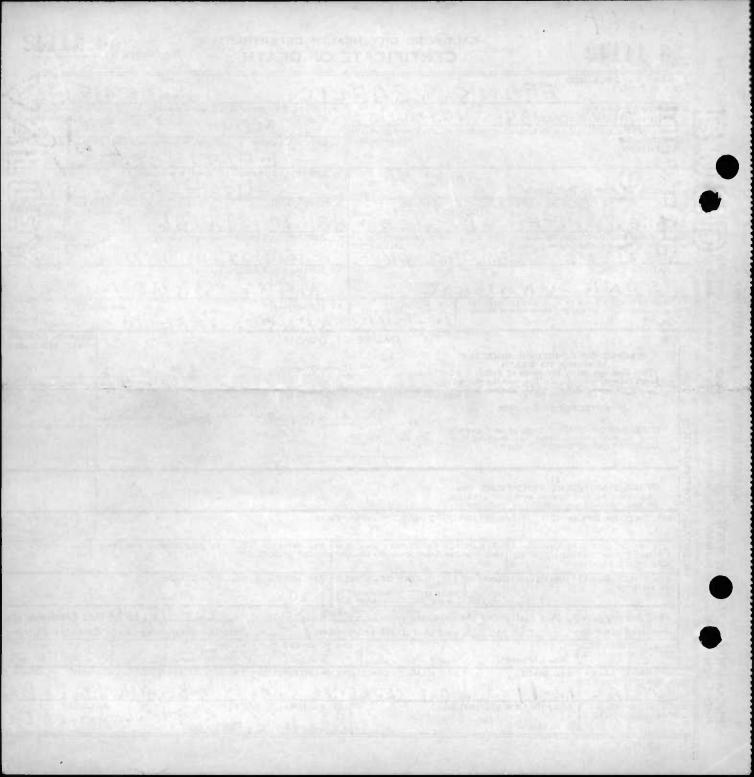


12-17 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If outside eorporate.limits, write RURAL and give township) (If rural, give location) 9. AGE (In years It Under I Year last birthday) Months; Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS St. Agnes Hospital Records INTERVAL BETWEEN IF OPERATION WAS RELATED TO 20. AUTOPSYT ENTER IN 218. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 3, 19, that I last saw the A.m., from the causes and on the date stated above. 23c. DATE, SIGNED 246. LOCATION (City, town, or county) PLEASE LOCAL REGISTRAR sucher less VS 150

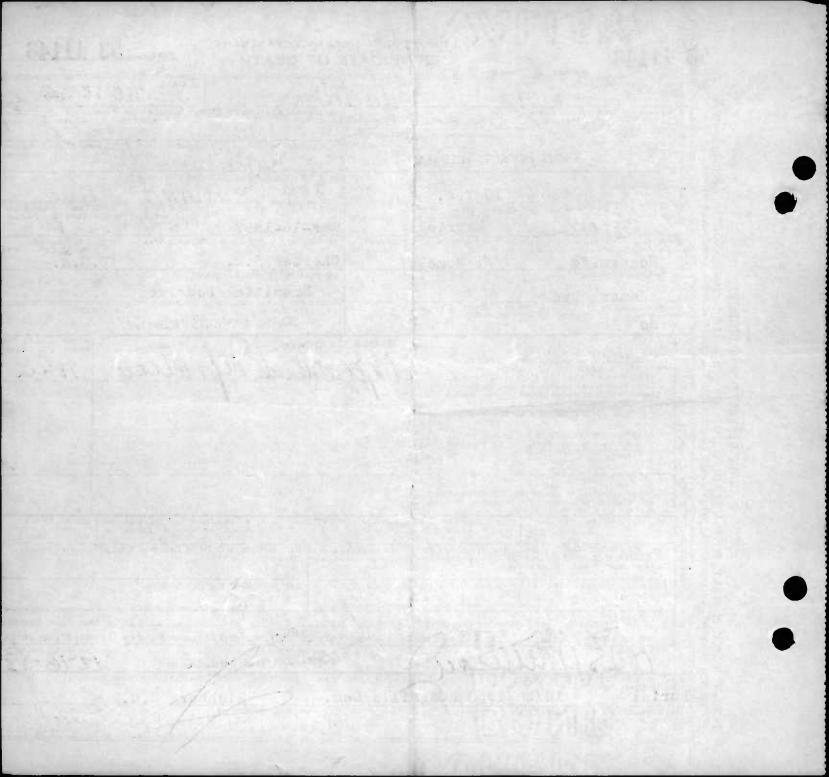


The	BI		EALTH DEPARTMENT 53 11:  E OF DEATH Registered No.	141			
	(T	NAME OF DECEASED Leonard Simmering (shoul	ld be Simering)   2. DATE OF DEATH 12.17.53				
supplied.	А.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution a. STATE Waryland B. COUNTY be	fore admission)			
Шу		St. Agnes Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and given Baltimore				
	-	Length of stay in Baltimore Yrs.  Mos. Days	6108 Old Washington Rd. (27)				
uld be y and l		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. White Warried Married	8. DATE OF BIRTH 9. AGE (In years last birthdny) 4-16-1893 9. AGE (In years Months Day	Hours Min.			
on should clearly a	10 worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Printer  2 News 4 Post	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITI WHA	ZEN OF AT COUNTRY?			
G matic eath	13	John D. Simmering (Simering) Dec'd	14. MOTHER'S MAIDEN NAME Wilhelmenia Cleary Dece	ased			
of inforuses of d	15 (Ye	6. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	G To A Rose			
Every item write the cau	7	18. 332X   CAUSE OF DEATH Thrombetic   CAUSE   CAUSE OF DEATH Thrombetic   CAUSE OF DEATH THROWBET   CAUSE OF DEATH THROWB					
MAKGIN KESE UNFADING INK. Physicians: please	RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)					
	CEF	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OF		AUTOPSY?			
WITH rtant.	DICAL	WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING   21b. PLACE OF INJURY ( OR CONTRIBUTING   CAUSE OF   about home, farm, factory, atreet, office	CAUSE OF DEATH, ENTER IN YES (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact cobldg., etc.) INJURY OCCUR?	ND   et location)			
LAINLY, WIT	ME	DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  WHILE AT NOT WORK  The state of the stat	RED 21F. HOW DID INJURY OCCUR?				
RITE P			arrea atm., from the couses and on the date	last saw the stated above. ATE SIGNED			
PLEASE W	D	44. BURIAL, CREMA 248. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify) 241/53 2000 EN PARTE OCAL REGISTRAR'S SIGNATURE	PROPERTY 24D. LOCATION (City, town, or counts)  PRE BALTIMORE, MAR  ADDRE	LYLAND.			
	7	VS 150	Joseph V. Cantruse p. 1328 Gulps	un sp. kd			





5.	J B B	11143  CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No. 11143
FOR BINDING information should be carefully supplied. The che causes of death clearly and legibly.	1. (T) 3. A. B. H. I. C. 5	RAME OF DECEASED Type or Print)  PLACE OF DEATH: Baltimore City, Maryant JOHNS HOPKINS	den A. USUAL RESIDENCE (Wheat is a state of the state of	2. DATE OF DEC 16 1953  DEATH DEC 16 1953  D
MARGIN RESERVED FOUNTADING INK. Every it Physicians: please write the	CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	www.ryo	neccole /2 mg
PLEASE WRITE PLAINLY, WITH U correct age is especially important. P	MEDICAL	210 TIME (Month) (Day) (Year) (Hour) OF INJURY  The second of the deceased from deceased give on 2.1953, and that death occur.	cause of PART I of Co.g., in or bidg., etc.) INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	PART II YES NO PART II IN Baltimore City, give exact location NO PART II IN BALTIMORE CITY, give exact location NO PART II IN BALTIMORE CITY II IN BALTIMORE
		4A. BURIAL, CREMA- ION, BEMOVAL (Specify) UT181  DATE RECEIVED BY OCAL REGISTRAR REGISTRAR'S SIGNATURE  VS 150	The state of the s	SPITAL 23C. DATE SIGNED (216 -) CATION (City, town, or county) (State) DUTS S.C. SORESS (1)



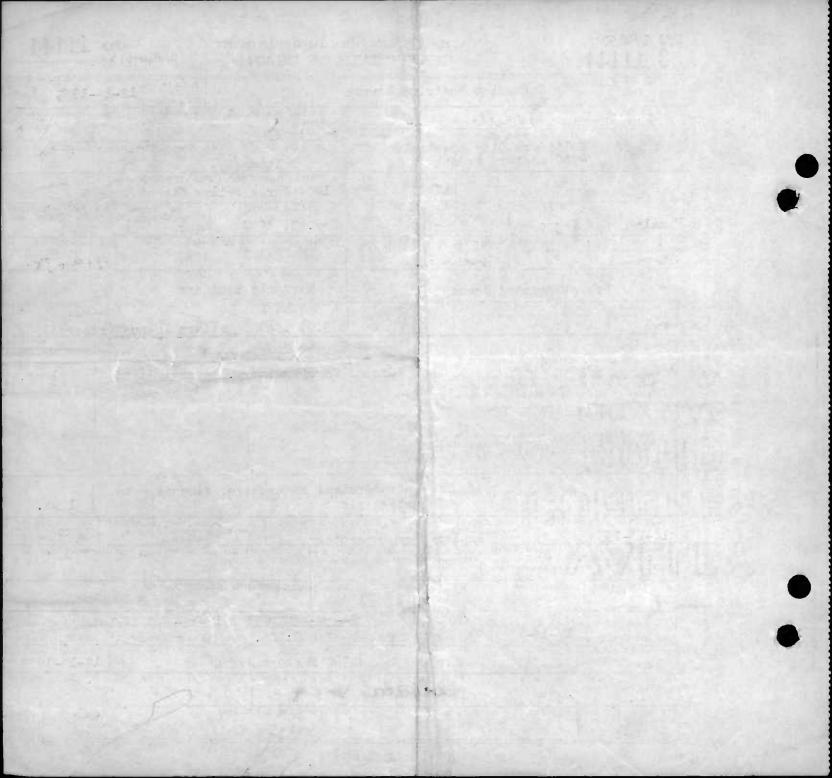
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₽₹J 174250	
53 1114	4

VS 150

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11144 Registered No.

d. Tr	1.	NAME OF D	ECEASED Cathe	rine B	eatrice Bowman	ı		2. DATE 0F 12-	-15-1953
NDING information should be carefully supplied of death clearly and legibly.	B. H	PLACE OF D Baltimore ( FULL NAME OSPITAL OR ISTITUTION	City, Maryland	City H	ion, givestreet address of ospitals location nue	A. STATE Maryland c. CITY OR TOV		B. COUNTY	f institution: residence before admission) before RURAL and give township)
	-	Length of s	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give Meation) 1004 North Dallas Street Zone 5					
uld b	_	emale	6. COLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify ingle	Nov. 3, 1			fi Under 1 Year on the Days Hours Min.
on sho	worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	Maryl:		reign country)	12. CITIZEN OF WHAT CAUNTRY?
VG rmatic death			Robert Raymon		an	14. MOTHER'S	ie Saun		
BINDING of inform uses of dea	15 (Ye	s, co r unknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		tern Avenue	ADDRESS
MARGIN RESERVED FOR BIN UNFADING INK, Every item of i Physicians: please write the causes	CERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER SIG TO THE DISEASE O	SE OR CONDITION I LEADING TO DEAT on to mean the mode or one, asthenia, etc. It mean complication which er ANTECEDENT CAUS SOR CONDITIONS, IF THE ABOVE CAUSE (A) VING CONDITION LAS OF CONDITION CAUSING DEATH BUT NOT R OR CONDITION CAUSING OF OPERATION 119	H f dying, e. s and the disease aused death ES ANY, GIVIN STATING THE ST. CONTRIBURELATED TO IT.	(B)  (B)  (C)  (C)  (D)  (D)  (D)  (E)  (D)  (E)  (D)  (E)  (D)  (E)  (D)  (E)  (E	of DEATH Carcinomia	a rt. A	drenal Gland	NTERVAL BETWEEN ONSET AND DEATH
LY, WITH important.	MEDICAL	10-13-1 21A. ACCIDE OR CONTRIE DEATH (NOT	953 WENT WAS UNDERLYING CAUSE OF	NG 218	RMED LOTATORY Lapan PLACE OF INJURY home, farm, factory, etreel, office	(e. g., in or bldg., etc.)	CAUSE O PART I O HERE DID ( OCCUR?	F DEATH, ENTER OR PART II If in Baltimore City	IN YES NO
AINL ally in		OF INJURY	m. WORK AT WORK						
PLEASE WRITE PLAINLY, correct age is especially imp		22. I hereb deceased a 23A. SIGNA			and that death occu		m, from th	he causes and on t	3, that I last saw the the date stated above.  23c. DATE SIGNED  12-15-1953
ASE Weet age	Z. TI	AA. BURIAL,	CREMA- 24B. DATE Specify) 12-19	-53	Orluta;	ERY OR CREMATOR	RY 240. LO	OCATION (City, town	n, or county) (State)
PLE		ATE RECEIVE		S SIGNATU	JRE V	Eliney O	, WU	ler los	ADDISS THE



1	10-37	21	0
	53 1114 BIRTH NO.	5	
	1. NAME OF D (Type or Print)	ECEA	SED
	3. PLACE OF D	lity,	Ma
	B. FULL NAME HOSPITAL OR INSTITUTION		(lf Uni
	14		
	c. Length of s		
4	5. SEX	6.C	OLO
1	male		wh:
	10A. USUAL OC work done during most of Lab. Tech.	f work	ATIO ing life
	13. FATHER'S N	AME	
1			012

(Yes, no or unknown) no

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFIC

52 11115

ATI	E OF DEATH	Registered No.	TITAO
ts,		2. DATE OF DEC.	17, 1953
ress or ation)	A. USUAL RESIDENCE (WA. STATE Md.	here deceased lived. If ins B. COUNTY  outside corporate limits, v	titution: reside re before a mission)
Yrs. Mos. Days	D. STREET ADDRESS (If 1 5911 Pim		
Specify)	8. DATE OF BIRTH March 19, 1884	9. AGE (In years little Month	er I Year ns Days Hours Min.
STRY	11. BIRTHPLACE (State or for York, Penna.	24	WHAT COUNTRY?
	14. MOTHER'S MAIDEN NA Sarah Yo		
NO.	17. INFORMANT Mrs. Theresa Deet		RESS CO Road.
le	chimme Ha	CUPE	Sudden
OPER			20. AUTOPSY?
(e. g., ir e bldg., e	a or 21c. WHERE DID (Is	f in Baltimore City, give	YES NO E exact location)
WHILE WORK			
occur	-26, 1951, to 13 red at 9: 25 m., from th	ne causes and on the	date stated above.
D.	38. ADDRESS 3711 Fal	ls Road.	23c. DATE SIGNED  12-/8-53 county) (State)
idge	Cemetery Pikes	ville, Balto.	

Charles LeRoy Dee

TH:

y, Maryland (If not in hospital or institution, give street add

University Hospital

60 years in Baltimore

COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (S married 10B. KIND OF BUSINESS

PATION (Give kind of orking life, even if retired)

LEADING TO DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

white

Hospital

Charles Henry Deets

CAL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NONE

DISEASE OR CONDITION DIRECTLY

(This does not mean the mode of dying, e.g., (A) ..... heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

(B) ....

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

UNDERLYING CONDITION LAST.

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

CAUSE OF DEATH

198, MAJOR FINDINGS OF 21B. PLACE OF INJURY

19 32 and that death

about home, farm, factory, street, offic

21E. INJURY OCC

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from.

REGISTRAR'S SIGNATURE

deceased alive on 12- 2 23A, SIGNATURE

24A. BURIAL, CREMA-

Dec. 21

24c. NAME OF CE

Druid R:

LOCAL REGISTRAR VS 150

burial

DATE RECEIVED BY

094 8T

ERTIFICATION

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PLEASE WRITE

Sec. 17, 1957 THE PERSON Mariet Jos. 21, 1991 | " will be a consult of the last .And the last observe fifth

BALTIMORE CITY HEALTH DEPARTMENT Registered No.3 11146 CERTIFICATE OF DEATH The NAME OF DECEASED 2. DATE (Type or Print) ROBERT B. ANGELL Dec. 18, 1953 DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Carroll Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Maryland General Hospital New Windsor Yrs. D. STREET ADDRESS (If rural, give location) Mos. Box 195 c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) last bir fiday) If Under 1 Year Months Days Hours Min. WIDOWED, DIVORCED should ! Male White marri 104. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR LACE (Stat 12. CITIZEN OF clearly or lone during host of working life, even if retired) INDUSTRY information s s of death clear 13. FATHER'S NAME WAS DECEASED EVER IN . S. ARMED FORCES? no or unknown) (1f yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY causes of INTERVAL BETWEEN CAUSE OF DEATH 022X ONSET AND DEATH Every item write the car DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hemopericardium (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO Rupture of acrtic aneurysm injury or complication which caused death.) ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) . RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. INJURY OCCUR? about bome, farm, factory, street, office bldg., etc.) UTING [] CAUSE OF DEATH. Ш 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE PLAN WORK AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes to accident [], suicide [], homicide [], undetermined []. WRI 238. CHIEF MEDICAL EXAMINER..... 23A. STONATURE ASSISTANT MEDICAL EXAMINER.... age MM.D. MEDICAL INVESTIGATOR PLEASE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) NAME DECEMETERY OR CREMATORY 24D, LOCATION (Sity, town, or county) 24B. DATE correct 25 FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR

BINDING

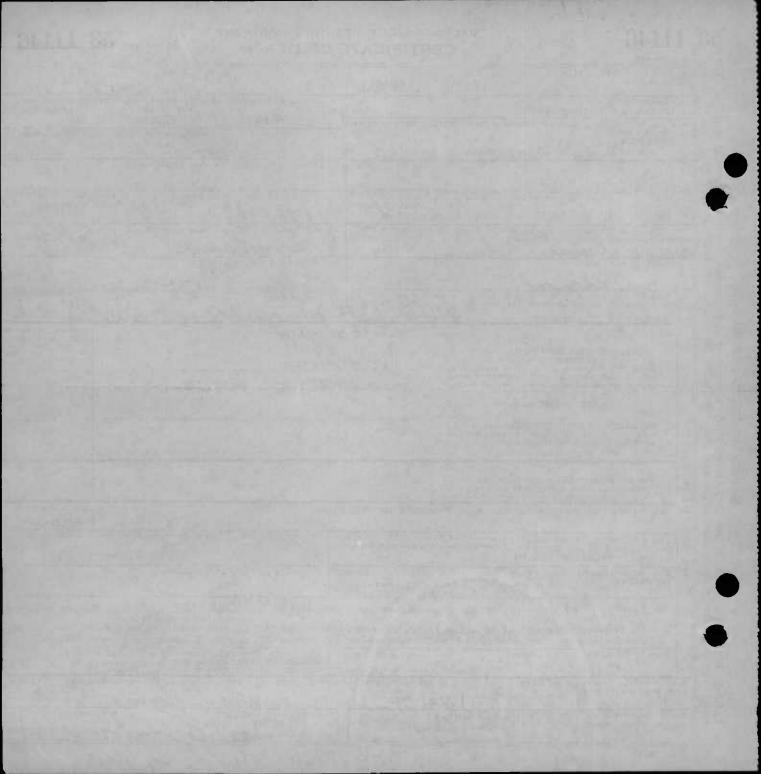
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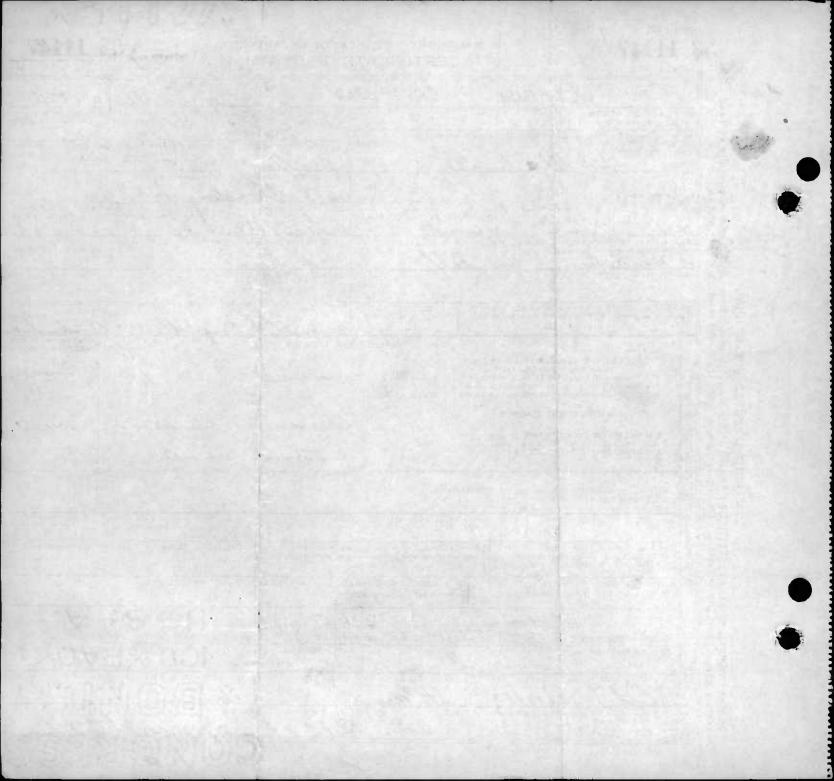
#### BALTIMORE CITY HEALTH DEPARTMENT

Registered 53 11147

ВІ	RTH NO.	MENT LESS E		ERIFICAT	E OF DEA	111	Treg.steret		
	NAME OF D ype or Print)	DANI.	EL P.	CAMPBE	11		OF DEATH	ec 16, 1963	
	PLACE OF DE	EATH: Sity, Maryland			4. USUAL RESI	DENCE (W		If institution: residence before admission	on
B. HC	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	lar du	n, give street address or location)	mo	VN (1f	outside cor orat lin	mts, write NORAL and gi	
L L	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADD	RESS (If I	ural, give location)		
-	SEX	6. COLOR OR RACE	7. SINGLE, WIDOWE		Oct 101		9. AGE (In years last birthday)	Il Under 1 Year   ft Under 24 Ho Months Days Hours Mi	iri.
		CUPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or fo	reign country)	12. CITIZEN OF WHAT COUNTR	?Y
	FATHER'S	IAME 2		7	14. MOTHER'S	MAIDEN NA	ME		
7 (Ye	. WAS DECEASE , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		abell 129	ADDRESS	
- causes	18. 1/1/	~		CAUSE	OF DEATH	T. ban	phell 129	NTERVAL BETWE	
the ta		SE OR CONDITION LEADING TO DEA not mean the mode of	TH		brewig			3 wee	
rite	heart failu	re, asthenia, etc. It mea complication which o	ns the discase,						
ease w	DICEACE	ANTECEDENT CAUS		(B)	neplui	tu	chruns	3 mai	to
ā F	RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) I'ING CONDITION LA	STATING THE	(C)	Replin	rsile	wite		
nysiciai ERTIFI	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSING	RELATED TO						
1	19A. DATE O		VAS PERFOR		WI COLUMN	PART I O	F DEATH, ENTER	YES NO	
important.	OR CONTRIB	BUTING CAUSE OF	R)	PLACE OF INJURY me, farm, factory, street, office	(e. g., in or ebidg., etc.) 21C. WH INJURY	OCCUR?	lf in Baltimore Ci	ty, give exact location)	
	210. TIME ( OF INJURY	Month) (Day) (Year)	(Hour) 2	WHILE AT NOT WHI WORK AT WOR	ILE	ראו מום א	URY OCCUR?		
especially	22. I hereb	y certify that I at	tended the d	leceased from	11-17 19	47, to	12~/6,19	63, that I last saw in the date stated abo	th
18	23A SIGNA		ch I		23B. ADDRESS	arle 6	Blud	23c. DATE SIGNE 12.16 V3	EC
ot age	4A. JURIAL, ON, KEMOVAL (S	CREMA- 24B. DATE	13 2	4C. NAME OF CEMET	ERY OR CREMATOR	RY 240. LO	OCATION (City, to	wn, or county) (Stat	,e)
	ATE RECEIVE OCAL REGIST		S SIGNATUE	RE CHARLES	25, FUNERAL D	IRECTOR	of economic	ADDRESS	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The MARGIN RESERVED FOR BINDING

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	lly supplied.		PLACE OF D	//)r·	(georg	e Via	vas	13		II A LIGI
	ldc	A.	Baltimore C	ity, M	aryland					A. STA
	sa	В.	FULL NAME			ital or instit	ution,	give street ad		_ m
	1y		OSPITAL OR NOTITUTION Bon Secours Hospital							
T	× ×		1 6	Don	Secoul	s Hos	or last		739	15
1	gibly.	24							Yrs.	D. STR
	20 00	c.	Length of st	tay in	Baltimore	/	5	Hears	Mos. Days	400
	å.	5.	SEX	6.COL	OR OR RAC	7. SING	LE. M.	ARRIED.	(Specify)	8. DAT
	nld a		m		W	-	109	1	(Specify)	8/15
	Every item of information should rrite the causes of death clearly an	10	A. USUAL OC	CUPATI	ON (Give kind	of 108, KIN	-4	BUSINESS		11. BIR
	lea	work done during most of working life, even if retired) R INDUSTRY								T
	tion h c	13. FATHER'S NAME								14. MO
E rh	nat		la la	-						
ž	de	15	. WAS DECEASE	NOWN	IN D. C. ADM	ED EODCECS	1.10	COCIAL		no
	info	(Ye	, no or nnknown)	(lf yes	s, give war or ile	tes of service)	10	SECURITY	NO.	17. INF
BINDIN	y item of i				NO					10/11
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3D	ver		heart failu	re, asthe	nia, etc. It m ation which	eans the dise	ase.	DUE TO		
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ER	. 4	_		ANTEC	EDENT CAL	JSES				
ES	INK. please	Z O	DISEASES	OR CO	NDITIONS,	IF ANY, GIV	ING	(B)	***********	
R	Id	Ĕ	UNDERLY	ING C	VE CAUSE (A	A) STATING	THE	DUE TO		
Z	N.S.	V						(C)		
MARGIN RESERVED	UNFADING INK Physicians: please	RTIFICATION			11					
AI	FA	RT			CANT CON					
M	N. Phy	CE			E DEATH, BU			***************************************		
			19A. DATE C				f.,	NDINGS OF	OPER	ATION
	it H	AL	~							
	Y, WITH	DIC	21A. ACCID					OF INJURY		
	Y, upor		LYING OF	CONT	RIBUTING	about hom	e, farm, í	factory, street, of	fice bldg.,	etc.) INJ
	M.	Σ	21D. TIME		(Day) (Yes	r) (Hour)	1 21F	INJURY O	CLIRR	ED 21F
	2		OF INJURY		(~45) (200	, (,	WHILI		T WHILE	
	all					m.	WO		TWORK	
	Pleci		22. I hereb	y certi	fy that I a	ttended th	e dec	eased from	12	18-3
	E C		deceased at	ive on	12/17		. and	that death	r occur	red at_
	S. S.		23A. SIGNA		na.	20 .	1		2	3B ADD
	W.		Wille	am	14.6	4 mil	R.		. D.	Don
	ag	24	A. BURIAL.	Decify)	248. DATE		240	NAME OF C	EMETE	RY OR CE
	PLEASE WRITER correct age is	110	Burial	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12-1	9-53	G	reel	C	ence
	LE		ATE RECEIVE		REGISTRA	R'S SIGNA	TURE			25. FUI
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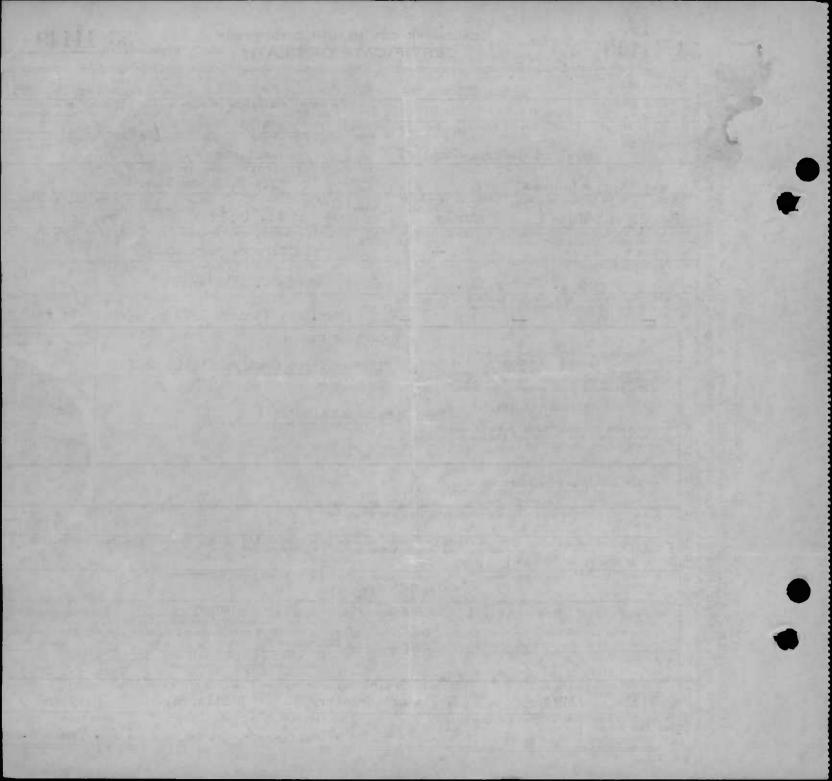
	1-100			
-/	BALTIMORE CITY HI	EALTH DEPARTMENT	53	11148
DC	11148 CERTIFICAT	E OF DEATH	Registered No.	
=	NAME OF DECEASED		La Dime	1
	vne or Print)		2. DATE OF	1/-2
2	PLACE OF DEATH:	1 4. USUAL RESIDENCE (W	DEATH   de   1	/3 3
	Baltimore City, Maryland	A. STATE	B. COUNTY	before admission)
	FULL NAME OF (If not in hospital or institution, give street address or			(7)
	OSPITAL OR location)	c. CITY OR TOWN (If	outside corporate limits, wr	township)
	Bon Secours Hospital	15 altimore	60	
1%	Yrs.	D. STREET ADDRESS (If I	rural, give location)	
c.	Length of stay in Baltimore 15 years Days	Hoof Frederick	( Avenue -	. 29 -
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Months	
	m W Single	8/15/1898	5.5	Day's Hours In.
	A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or for		CITIZEN OF
1	done during most of working life, even if retited) Restaurant INDUSTRY	Tukan		WHAT COUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	
		1. 10	11170 444	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	not Known		
(Ye	s, no or nnknown) (If yes, give war of flates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS
	1/1	John Plitsos	2800 Edge	Tomb Cre
	18. 162X CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		0	OHOLI AND DEATH
	(This does not mean the mode of dying, e.g., (A)	onchogENic	[ ARCINOMA	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			b
_	ANTECEDENT CAUSES			
ō	DISEASES OR CONDITIONS, IF ANY, GIVING	•••••••••••••••••••••••••••••••••••••••		***************************************
5	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
O	(C)	•••••••••••••••••••••••••••••••••••••••	***************************************	****************************
RTIFICATION				
2	OTHER SIGNIFICANT CONDITIONS CON-			
H	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			***************************************
,	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
A				YES NO
EDIC	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	f in Baltimore City, give	exact location)
Ē	CAUSE OF DEATH	INSURT COOK!		
2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY WHILE AT NOT WHILE			
	m.   WORK AT WORK		2 /	
	22. I hereby certify that I attended the deceased from 1.2	700		at I last saw the
	deceased alive on 12/17, 1953, and that death occur		re causes and on the d	
	23A. SIGNATURE DE OF H	238 ADDRESS	Man 1-3	3c. DATE SIGNED
	Mulliam M. Mmile M. M. D.	on Gecour	1 House	12-17-53
7 TI	AL. BURIAL, CREMA- 24B. DATE 24W NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town, or e	ounty) (State)
	Burial 12-19-55 Greek C	encelery   B	alto me	7
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		DRESS
	UEU 0 300 ton Williams his	LAMBros due	. 440, E. NOV	the Ave

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and the same of the same

	The
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially inportant. Physicians: please write the causes of death clearly and legibly.
MARGIN RESER	H UNFADING INK. Physicians: please
	PLEASE WRITE PLAINLY, WITH correct age is especially important.

-	NAME OF D	53-2013	9	CERTIFICAT	E OF DEAT		. DATE	100	11149
	ype or Print)		IZABETI	H FOW	LER	2	OF	Decemb	er 16, 195
	PLACE OF D				4. USUAL RESIDE	ENCE (Where		ved. If insti	
В.	FULL NAME		tal or institut	ion, give street address of	Mar	yland		1	
IN	OSPITAL OR	34 3 3 .0.		Iocation)	C. CITT OR TOWN		side corpora	e limits, wi	rite RURAL and give township
-	1-9	Maryland Ge	eneral I	Yrs.	D. STREET ADDRE	timore	l give locati	on)	
5	Length of s	tay in Baltimore		Mos. Days	11	N. Euta			
5.	sex Female	6.COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH August 24,		AGE (In yea	urs K Under	Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	O OF BUSINESS OR	11. BIRTHPLACE (S		n country)	12.	CITIZEN OF
wor.	none	of working life, even if retired)		INDUSTRY	Baltimo	re, Mary	yland		WHAT COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME			
		Frank L. Fowl	er, Sr.		Rosie L.	William	ns		
15 (Ye	s, no or unknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Roy In	sley, 1	822 W,	ADDR	
	heart failt	LEADING TO DEA a not mean the mode are, asthenia, etc. It men complication which	of dying, e. ans the diseas	g., (A) Bilat	eral suppura	tive oti	ltis med	dia	
TFICATION	heart failt injury or DISEASE RISE TO 1 UNDERL'	s not mean the mode ire, asthenia, etc. It men complication which ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. ans the disea: caused deatl SES IF ANY, GIVII STATING T	s., (A) Bilat	eral suppura	••••••••	Itis med	dia	
RTIFICA	DISEASE RISE TO 1 UNDERL' OTHER S TRIBUTING	s not mean the mode ire, asthenia, etc. It mer complication which ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION L.	TH of dying, e. ans the disea: caused death SES IF ANY, GIVII STATING T AST.  ITIONS CO. NOT RELAT	(A) Bilat  (B) Marke  (B) (C) (C)		••••••••	Itis me	dia	
L CERTIFICA	DISEASE RISE TO 1 UNDERL'  OTHER S TRIBUTING	s not mean the mode ire, asthenia, etc. It mer complication which ANTECEDENT CAUSES OR CONDITIONS, IT HE ABOVE CAUSE (A) YING CONDITION L.  GIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	TH  of dying, e.  ans the disea:  caused deatl  SES  IF ANY, GIVII  STATING TAST.  ITIONS CO.  NOT RELAT  CAUSING	(A) Bilat  (B) Marke  (B) (C) (C)	d malnutriti	on			20. AUTOPSY?
ERTIFICA	DISEASE RISE TO TUNDERL'  OTHER STRIBUTING TO THE DISEASE 19A. DATE CO	s not mean the mode ire, asthenia, etc. It mer complication which ANTECEDENT CAUSS OR CONDITIONS, IT ABOVE CAUSE (A) YING CONDITION L.  SIGNIFICANT COND S TO THE DEATH, BUT ISEASE OR CONDITION	TH of dying, e. ans the disea: caused death SES IF ANY, GIVII STATING T. AST. ITIONS CO. NOT RELAT IN CAUSING 19B, MAJOR 21B, PL. about bome,	(a) Bilat (b) Marke (b) Marke (c) (c)	d malnutriti	On OID (If in			
DICAL CERTIFICA	DISEASE RISE TO TUNDERLY  OTHER STRIBUTION TO THE DISEASE 19A. DATE COLORERLY IN UTING COLORERLY IN UTING COLORERLY IN UTING COLORERLY IN COLORERLY IN UTING COLORERLY IN COLO	S not mean the mode ire, asthenia, etc. It mer complication which ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LIST TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION IN THE ABOVE CAUSE WAS GOOD OR CONTRIB-	TH  of dying, e.  ans the disea: caused death  SES  IF ANY, GIVII  STATING T.  AST.  ITIONS CO.  NOT RELAT  N CAUSING  9B. MAJOR  21B. PLA  about bome,	(a) Bilat (b) Marke (c) Marke (c) Marke (c) Marke (c) Marke (c) Marke (d) Marke	RATION  in or 21c. WHERE D  in JURY OCCU  ED 21f. HOW DID	ON (If in R?	Baltimore (		YES X NO
EDICAL CERTIFICA	DISEASE RISE TO TUNDERL'  OTHER STRIBUTING TO THE D  19A. DATE C  21A. EXTERI UNDERLYIN UTING CID. TIME OF INJURY  22. I certi the eve	Sont mean the mode- ire, asthenia, etc. It mer complication which  ANTECEDENT CAUSE SOR CONDITIONS, INTERPOSE CAUSE (A) FING CONDITION LA  SIGNIFICANT CONDITION SOFT OPERATION  PROPERATION  NAL CAUSE WAS GOOR CONTRIB- CAUSE OF DEATH.  (Month) (Day) (Year,  If that I took chait  idence obtained by	TH  of dying, e.  ans the disea: caused death  SES  IF ANY, GIVII  STATING T.  AST.  ITIONS CO.  NOT RELATING T.  ACAUSING T.  21B. PL.  about bome,  (Hour)  m.  rgc of the  said Aut	(A) Bilat  See, (A) Marke  (B) Marke  (C) (C) (C) (C) (C) (C)  ACE OF INJURY (C. E., (arm, factory, etreet, office bidg.	d malnutritic	OID (If in R7 INJURY OC Autopsy, Insp said decea	Baltimore (	City, give	exact location)  hercon and from any stated above
EDICAL CERTIFICA	DISEASE RISE TO TUNDERL'  OTHER STRIBUTING TO THE D  19A. DATE C  21A. EXTERI UNDERLYIN UTING CID. TIME OF INJURY  22. I certi the eve	Sont mean the mode- ire, asthenia, etc. It mer complication which  ANTECEDENT CAUS SOR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA GIGNIFICANT CONDITION OF OPERATION  NAL CAUSE WAS GOOR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year, Indicate obtained by ath in my opinion	TH  of dying, e.  ans the disea: caused death  SES  IF ANY, GIVII  STATING T.  AST.  ITIONS CO.  NOT RELATING T.  ACAUSING T.  21B. PL.  about bome,  (Hour)  m.  rgc of the  said Aut	(B) Marke  (B) Marke  (B) Marke  (C) MARKE  (C) MARKE  (D) MARKE  (E) MARKE  (C) MARKE	d malnutritic  RATION    21c. WHERE D   10c.   10c.	Autopsy, Inspared deceasuicide [], EDICAL EXA	Baltimore of the section of Inc. Section of Inc. MINER.	City, give  tiquiry on the d , unde	exact location)  thereon and from lay stated above itermined  PATE SIGNED  17, 1953



lied. The
lied.
lddns
MARGIN RESERVED FOR BINDING TH UNFADING INK. Every item of information should be carefully supplied.  ant. Physicians; please write the causes of death clearly and legibly.
rrh Ur nt. Ph

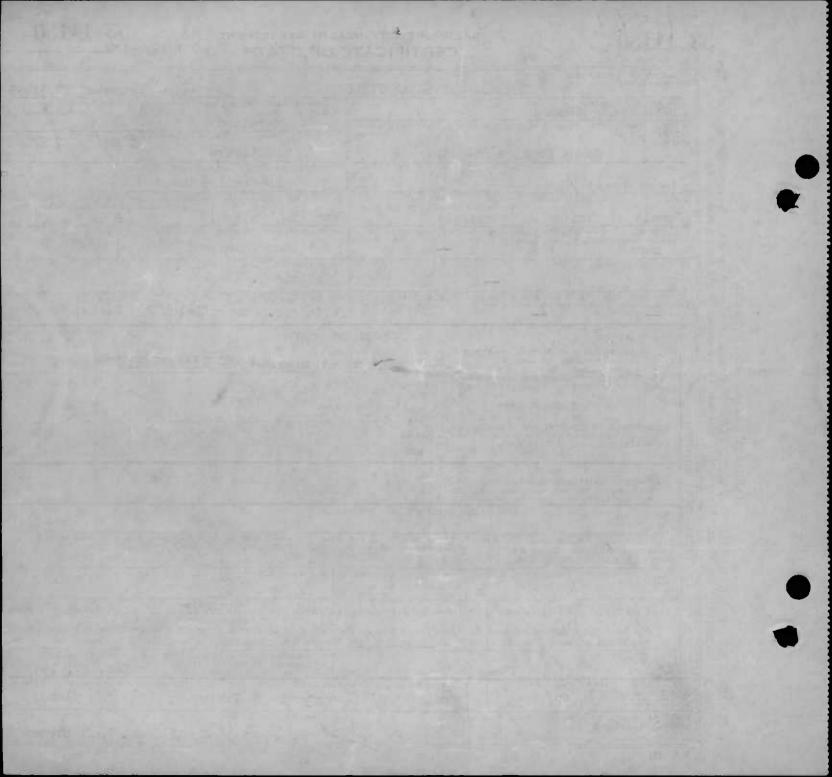
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11150 Registered No.

(Type or Print)	ECEASED				12. DATE				
	TH	ERESA M	AY SOMMERFIEL	D	OF -	mber 17. 195			
3. PLACE OF E	EATH:			4. USUAL RESIDE	NCE (Where deceased lived, If i	nstitution : residence			
B. FULL NAME	City, Maryland	al or institut	ion, give street address or	A. STATE	land B. COUNTY	before admission			
HOSPITAL OR	OF (II not in nospit	ar or matricut	location)						
INSTITUTION	Johns Hopki	ns Hosr	dtal						
22	ooms noper	110 1101	Yrs.		SS (If rural, give location)				
c. Length of	stay in Baltimore		Mos. Days	209 Dallas Court					
5. SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. MGE (In years) H	Under 1 Year   If Under 24 Hourstha Days   Hours   Mi			
Female	White	sin	-	June 15, 195	3   [ast bil tilday)   6	2			
10A. USUAL OC	CUPATION (Givekind of	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF			
none	of working life, even if retired)		==	Baltimore,	Maryland	WHAT COUNTR			
13. FATHER'S	NAME			14. MOTHER'S MA	DEN NAME				
				Felicie C.	Black				
15. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT	AC	DRESS			
(Yes, no or onknown)	(If yea, give war or date	e or service)	SECURITY NO.	Felicie C. S	ommerfield, 209 D	allas Court			
18. 391	^		CALISE	OF DEATH		INTERVAL BETWE			
	SE OR CONDITION	DIDECTLY	OAGGE	OI DEATH		ONSET AND DEA			
	LEADING TO DEA	TH	Rilat	eral sunnurat	tive otitis media				
(This doe heart fail	s not mean the mode ure, asthenia, etc. It mes	of dying, e. ans the diseas		orar bappara.	2.40 001010 11041				
injury or	complication which	caused death	DUE TO						
	ANTECEDENT CAU	SES							
7 DISEASE	S OR CONDITIONS, I	E 4317 C11111	(B)	***************************************		***************************************			
O RISE TO	THE ABOVE CAUSE (A)	STATING TO							
A ONDERL	YING CONDITION L	AST.	(C)						
	П								
OTHER	SIGNIFICANT COND	ITIONS CO	N •						
	G TO THE DEATH, BUT DISEASE OR CONDITION								
LU TO THE L		9B. MAJOR	FINDINGS OF OPER	RATION					
	OF OPERATION 1					20. AUTOPSY?			
U 19A. DATE	OF OPERATION 1					YES X NO			
19A. DATE O	NAL CAUSE WAS		ACE OF INJURY (e. g., i			YES X NO			
19A. DATE O	M. M.				D (If in Baltimore City, g	YES X NO			
19A. DATE OF THE CONTROL OF THE CONT	NAL CAUSE WAS	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUI	D (If in Baltimore City, g	YES X NO			
19A. DATE (	NAL CAUSE WAS IG   OR CONTRIB- CAUSE OF DEATH.	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUI	₹?	YES X NO			
U 19A. DATE O	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year	about home, (Hour) m.	ATM, factory, street, office bldg., 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	₹?	YES X NO (			
19A. DATE OF INJURY  19A. DATE OF INJURY	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year	about home,  (Hour)  m.	arm, factory, street, office bldg.,  21e. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK  remains described (	ED 21F. HOW DID	INJURY OCCUR?  Autopsy utopsy, Inspection or Inquiry	ves X No [ ive exact location)  thereon and from			
19A. DATE OF INJURY  21A. EXTER UNDERLYIN UTING 1 CONTROL OF INJURY  22. I certified the ev	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year  fy that I took char idence obtained by	o (Hour) m.  rye of the said Auto	arm, factory, street, office bldg.  21e. INJURY OCCURR WHILE AT NOT WHILE WORK THORY  remains described ( ppsy, Inspection or 1	ED 21f. HOW DID  above, held an  Inquiry, find that	INJURY OCCUR?  Autopsy utopsy, Inspection or Inquiry said deceased died on the	ves X No [ ive exact location)  thereon and from a day stated about			
U 19A. DATE OF INJURY  21A. EXTER UNDERLYIN UTING 1 21D. TIME OF INJURY  22. I certified the ev	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year  fy that I took char idence obtained by eath in my opinion	o (Hour) m.  rye of the said Auto	arm, factory, street, office bldg.  21e. INJURY OCCURR WHILE AT NOT WHILE WORK THORY  remains described ( ppsy, Inspection or 1	ED 21f. HOW DID  above, held an  Inquiry, find that  X, accident [],  238. CHIEF ME	Autopsy utopsy, Inspection or Inquiry said deceased died on the	ves X No [ ive exact location)  thereon and from a day stated about			
19A. DATE OF INJURY  21A. EXTER UNDERLYIN UTING 1 CONTROL OF INJURY  22. I certified the even and do	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year  fy that I took char idence obtained by eath in my opinion	o (Hour) m.  rye of the said Auto	arm, factory, street, office bldg.,  21e. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK  remains described of the street of the	ED 21F. HOW DID  above, held an  Inquiry, find that  X, accident [],  23B. CHIEF ME  ASSISTANT ME	Autopsy  utopsy, Inspection or Inquiry said deceased died on the suicide [], homicide [], un DICAL EXAMINER	ves X No [ ive exact location)  thereon and from the day stated about adotermined			
21A. EXTER UNDERLYIN UTING CONTROL OF INJURY  22. I certicathe evand de 23A. SIGNA	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year ify that I took char idence obtained by eath in my opinion TURE CREMA-1 248, DATE	m.  rye of the said Autoresulted process.	arm, factory, street, office bldg.,  21e. INJURY OCCURR WHILE AT NOT WHILE AT WORK  remains described of  psy, Inspection or a  from: natural cause	ED 21f. HOW DID  above, held an  Inquiry, find that  X, accident [],  238. CHIEF ME ASSISTANT ME MEDICAL INVE	Autopsy  utopsy, Inspection or Inquiry said deceased died on the suicide [], homicide [], un DICAL EXAMINER	thereon and from the day stated about addressing to the control of			
21A. EXTER UNDERLYIN UTING CONTROL OF INJURY  22. I certicate every and de 23A. SIGNA	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year ify that I took char idence obtained by eath in my opinion TURE CREMA-1 248, DATE	m.  rye of the said Autoresulted	arm, factory, street, office bldg.,  21e. INJURY OCCURR WHILE AT NOT WHILE AT WORK  remains described of  psy, Inspection or a  from: natural cause	ED 21f. HOW DID  above, held an Inquiry, find that  X, accident [], 238. CHIEF ME ASSISTANT ME MEDICAL INVE	Autopsy  utopsy, Inspection or Inquiry said deceased died on the suicide , homicide , un DICAL EXAMINER	thereon and free day stated about determined DATE SIGNED C. 17, 1953			

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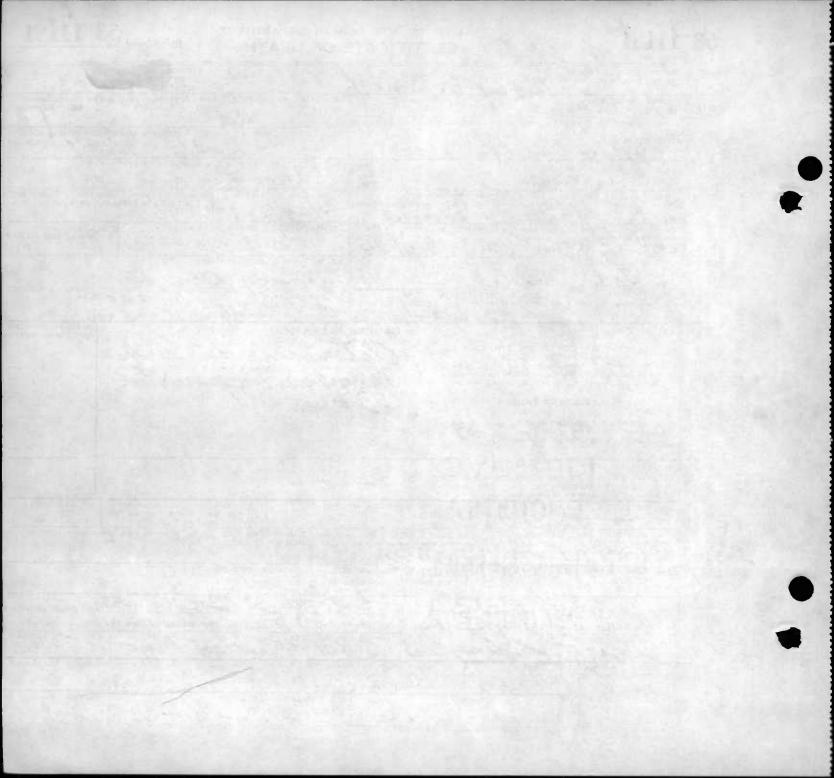


### CERTIFICATE OF DEATH

Registered No. 11151

The	11	IRTH NO.	E OF DEATI	H	110
	1.	NAME OF DECEASED Mary G. Smith	4	2. DATE OF DEATH	16/53
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDE	ENCE (Where deceased lived. B. COUNTY	If institution: residence before admission)
lns /	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		(If outside corporate li	mits write ROBAL and give
carefully egibly.	IN	12400 Linden ave		Balto.	g township)
carefu	1	Yrs. Mos.	D. STREET ADDRE	50.	aire
	-	Length of stay in Baltimore  Days  SEX  6. COLOR OR RACE  7. SINGLE, MARKIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	H Under I Year   H Under 24 Hours Months: Days   Hours   Min.
ould y ar	72	male White Widowed	7/29/-1	873 80	
on should be	75	DA. USUAL OCCUPATION (Give kind of kin		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ati	13	3. FATHER'S NAME	14. MOTHER'S MA	IDEN NAME	
ING form	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	y Ubride	400000
R BINDING em of inform causes of de		es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	40 P. La	idlawn Zin	den ave
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the car	FICATION	DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	culan Z jean	eroue cara Legeneratur	<b>6</b> -
MAF NFA bysic	ERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISPASE OR CONDITION CAUSING IT.			
Social	LO	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O		F OPERATION WAS RELATED CAUSE OF DEATH, ENTER	
ILY, WITH important.	EDICA	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., In or 21c. WHEF	RE DID (If in Baltimore C	ity, give exact location)
	2	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	ILE	DID INJURY OCCUR?	
		deccased alive on 18. 18. 25. and that death occur	rred at 9 p.m.	to Loc./6, 19	that I last saw then the date stated above.
RI		23A OTGNATURE 7. X Charles M.D.	40/ Ka	udon Roas	23c. DATE SIGNED 12-18-53
田高	2 T	A. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETI	CAR CREMATORY	Balto	wn, or county) (State)
PLEASE correct ag		OCAL REGISTRAR SIGNATURE	25. FUNERAL DIE	Duc. 1217 St.	Bul St.

VS 150



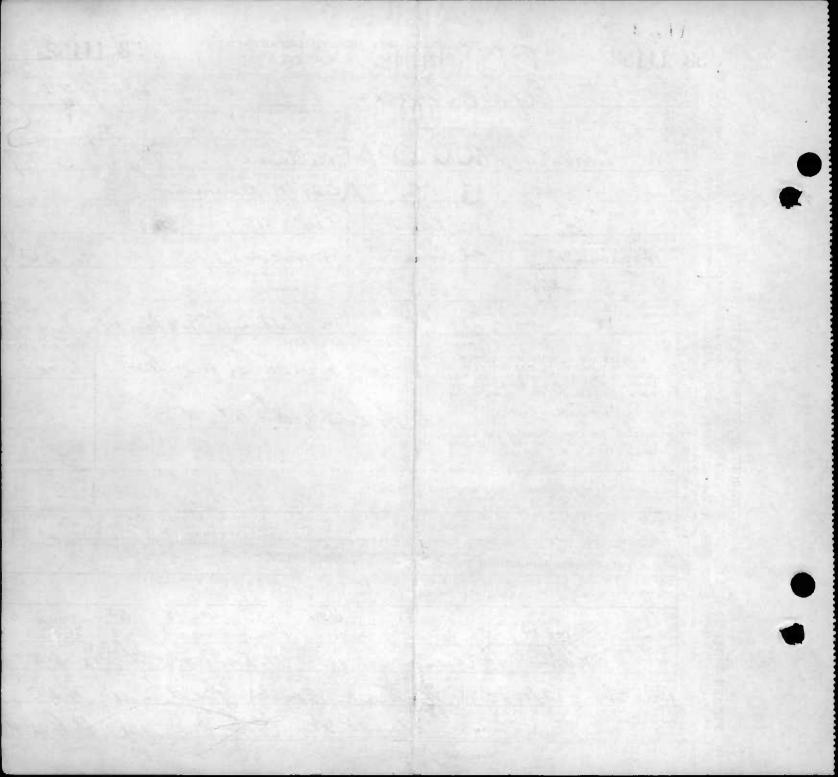
V	-	5	20
3 BIR	111 H NO	15	S

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register No.11152

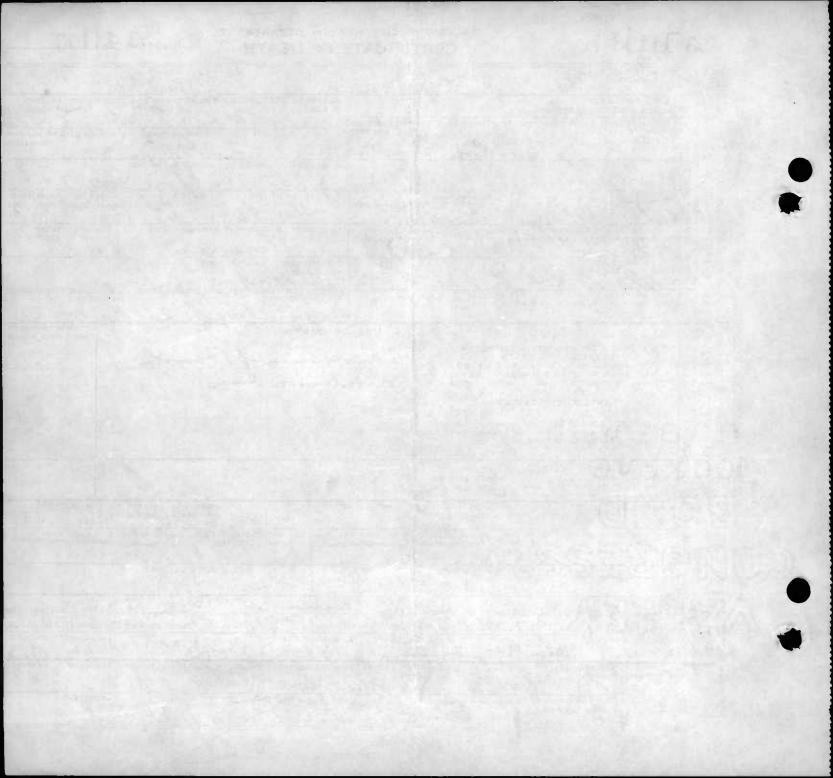
The	BI	RTH NO.				CERTIFI	CATE	OF DE	AIH	Reg	istered Mos		
	1. (T)	NAME OF Diype or Print)	ECEASED	Ell.	en M.	Vanc	e			2. DATE OF DEATH		-53	
upplie	A.	PLACE OF DI Baltimore C	City, Maryla	and		ion, give street ac		4. USUAL R	ESIDENCE	(Where decease B. CO	ed lived. If ins	titution : reside before ada	ence nission)
cully s	HC	OSPITAL OR ISTITUTION	Linco	Ru,	Heu	urial	location)	Baller	nore	(If outside corp	opate limits, w	to	and give wnship)
care	-	E. Length of stay in Baltimore							7. Da	(If rural, give	^		
should be carefully supplied	5.	SEX	6. COLOR OF	RRACE	7. SINGLE WIDOW	E, MARRIED, VED, DIVORCED LOWEL	(Specify)	ang.	187	/ 86	Month	bays Hour	er 24 Hours
information shouls of death clearly	work	A. USUAL OC k done during mosto	of working life ever	Sive kind of n if retired)	10B. KIND		S OR DUSTRY	mis	sour	r foreign countr	гу)   12	WHAT COL	NTRY1
JG rmatic death		3. FATHER'S N		_				14. MOTHER	S MAIDEN	NAME			
BINDING of inform uses of dec	15 (Yes	5. WAS DECEASE 66, no or nnknown)	ED EVER IN U. (If yes, give w	S. ARMED War or dates of	FORCES? of service)	16. SOCIAL SECURIT	Y NO.	mro, Ca		e noas	ADD 311	G Sun	eve.
VED FOR Every item vrite the cau		(This does heart failu injury or	SE OR CONE LEADING T s not mean thure, asthenia, ct complication	DITION D TO DEATH he mode of tc. It means which can	dying, e.g s the disease used death	g., (A)	Ore	of DEATH	ular	aceia	least	6 mo	DEATH
GIN RESER DING INK. ans: please	FICATION	DISEASES	ANTECEDEN S OR CONDIT THE ABOVE CA YING CONDI	TIONS, IF AUSE (A) S	ANY, GIVIN		z ki	oslend	Vic h	7. dis			
MARGIN UNFADING Physicians:	ERTI	TO THE	II SNIFICANT CON DEATH BUT OR CONDITION	NDITIONS C	ELATED TO								
hd .	AL C	19a. DATE O	of OPERATIO	ON O 191	B. CONDI				CAUSE PART	ERATION WAS F	ENTER IN		40 P
20	AEDIC	OR CONTRIE	ENT WAS UN BUTING CA TIFY MEDICAL	AUSE OF	about	B. PLACE OF IN home, farm, factory, s	JURY (e	bldg.,etc.) INJU	JRY OCCUR	₹?		ve exact locat	ion)
	4	21D. TIME ( OF INJURY	(Month) (Day	(Year)	Hour) 2	21E. INJURY O	NOT WHIL AT WORK	E		INJURY OCCL			6.
		22. I hereb	by certify the	at I atte	nded the	deceased from	th occur		9. m., from	Dec 16	and on the		above.
WRI's	000030	23A. SIGNA	TURE RUV	R	Ble	ies .	M. D. 2	1801 C	v. Ba	ltune	54	23c. DATE S	IGNED
PLEASE correct ag	TI	Junia Burial	Deify) /6	2/19/	153	Wasle	CEMETER	- Com	eter.	Balle	more	mal	(State)
PLEAS		ATE RECEIVE	D BY REG	SISTRAR'S	SIGNATU	JRE	16.00	25. FUNERA	Cork	I Inc.	1217	16 Pan	Pfs



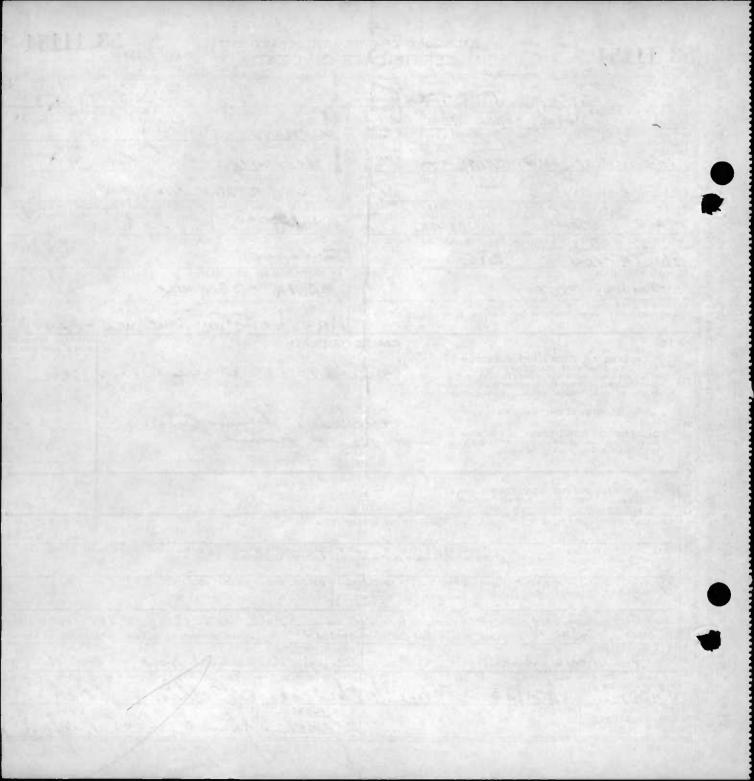
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.1153

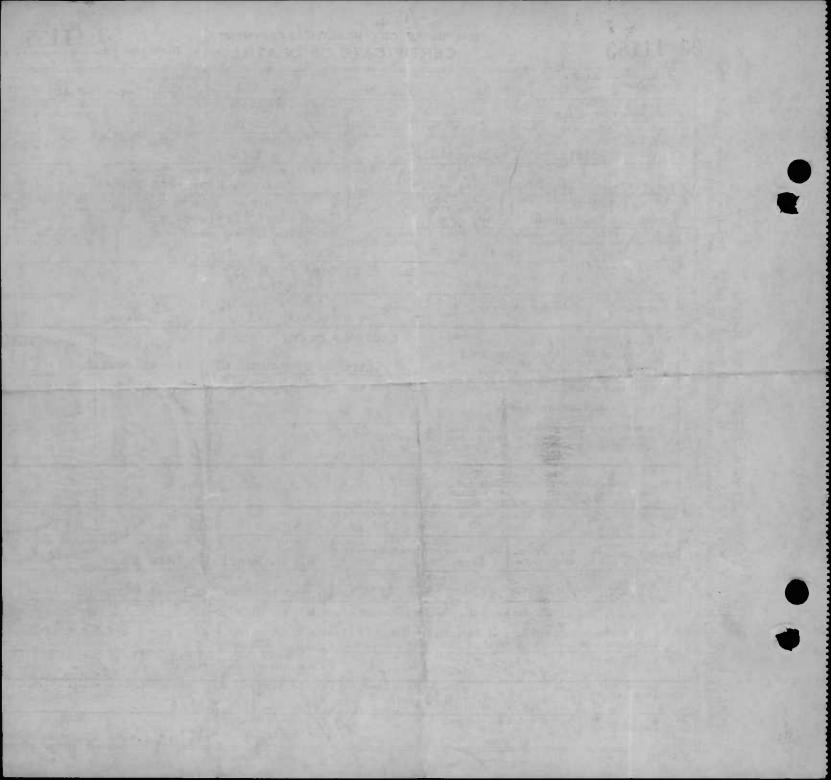
The	BI	RTH NO.							
	1. (T	NAME OF DE	CEASED	9. 6	Zeh man	21		OF DEATH	3 /30
carefully supplied. egibly.		PLACE OF DE Baltimore Ci	ATH: ity, Maryland			4. USUAL RESI	IDENCE (Whe	B. COUNTY	titution: residence before admission)
sa	H	FULL NAME C	F (If not in hospita	l or institut	ion, give street address or location)	c. CITY OR TOV	WN (If ou	tside corporate limita	write RURAL and give
fully y.	IN	STITUTION	51 Ba	1800	u Court		Ba	eto 2	township)
are	0	To the Cont	'- D. W.		Yrs. Mos.	D. STREET ADD	ORESS (If run	al, give lation)	*** +
be of		the second secon	ay in Baltimore  6. COLOR OR RACE	7. SINGL	Days E. MARRIED.	8. DATE OF BIR	RTH S		nder I Year   If Under 24 Hours hs: Days   Hours   Min.
ould y ar	2	Male	White	Me	AHLE	7/6/1	885	68	
NDING information should be carefu s of death clearly and legibly.	worl	done during most of	Working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE			2. CITIZEN OF WHAT COUNTRY?
tion th cl	13	FATHER'S N.	AME		<i>Quu</i>	14. MOTHER'S	MAIDEN NAM		a, D. a
NG rma deat		Fre	derick	Keh	mun	John	anna	Unknow	wse)
BINDING of inform uses of dea		. WAS DECEASED	D EVER IN U. S. ARMED (If yes, give war or dates		16. SOCIAL SECURITY NO.	17. INFORMANT		ADI	DRESS
BIN of i	-	18. / 5 / ×	,		CAUSE	OF DEATH	Ehman	4 23/10	INTERVAL BETWEEN
FOR item		DISEASI	E OR CONDITION		C .	(	151	,	ONSET AND DEATH
中 5年		(This does	LEADING TO DEAT not mean the mode of c, asthenia, etc. It mean	dying, c. 1		, 4	7,50	~~~	****
RESERVED INK. Every please write		injury or	complication which co	aused death		ntown to	Muce		
	z		ANTECEDENT CAUS			• • • • • • • • • • • • • • • • • • • •		***************************************	
RESEI INK.	TIO	RISE TO TH	OR CONDITIONS, IF TE ABOVE CAUSE (A) ING CONDITION LAS	STATING T					
ING ING INS:	FICA		ing constitution and	J.,	(C)				
MARGIN 1 UNFADING Physicians: 1	RTIF		NIFICANT CONDITIONS						1950
UNN Phy	CE		DEATH BUT NOT R	IT.	TION FOR WHICH O	DEPATION	IE OPERATIO	N WAS RELATED TO	20. AUTOPSY?
heel	AL	ISA. DATE OF		AS PERFO			CAUSE OF PART I OR	PART II	YES NO
ILY, WITH important.	EDIC,	OR CONTRIB	NT WAS UNDERLY! UTING CAUSE OF FY MEDICAL EXAMINE	about	s. PLACE OF INJURY ( home, farm, factory, etreet, office	(e. g., in or 21C. WH bldg., etc.) INJURY	HERE DID (If	in Baltimore City, g	ive exact iocation)
	2	21D. TIME () OF INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LETT	M DID MINU	RY OCCUR?	
TE PLAIN especially		22. I hereby	certify that I att	ended the	deceased from	Deschler, 19	54, to 1	417, 183,	that I last saw the
		deceased al		<u>, 19<b>5</b> 5.</u>	and that death occu	rred at. SR	m., from the	causes and on the	date stated above.
WRI e is		25A, 516KA1	H melen	For	<b>Р</b> м. р.	3 400	1 (Sel	818	12/18/53
SE ag	TI	AA. BURIAL, CON. REMOVAL (S)	REMAI 248. DATE	100	24c. NAME OF CEMETE	ERY OR CREMATOR	RY 24D. LOC	Ba Ota 2	r county (State)
PLEASE W		ATE RECEIVED		S SIGNAT	URE	25. FUNERAL D	DIRECTOR	- QL D	ADDRESS
P4 0	-	16 [ 3]			SANGE OF THE SANGE	W- SOK	MC. /2	7 St. Jan	× \$/.
		VS 150			-1				



	C-100	EALTH DEPARTMENT	53 11154
5	3 11154 CERTIFICATI		Registered No.
(	NAME OF DECEASED Type or Print)  JAMES J. COFFAY		2. DATE OF DEATH DEC. 18, 1953
A	Baltimore City, Maryland UNION MEM. 1405 ρ.	A. STATE	ere deceased lived. If institution: residence B. COUNTY before admission
	. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION	THE PROPERTY OF THE PROPERTY O	USA. utside corporate limits, write TURAL and give township
	THE UNION MEMORIAL HOSP.	BALTIMORE  D. STREET ADDRESS (If ru	9,0
	Length of stay in Baltimore Mos. Days	702 CHESTNUT	
	MALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 6).	Oct. 12, 1869	9. AGE (In years lit Under I Year last birthday) Months Days Hours Min.
wo	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)  ElecTRICIAN  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	eign country) 12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME  TIMOTHY COFFAY	MARTA MCCO	
1 (Y	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 68, no or unknown) (If yes, give war or dates of service) SECURITY NO.	MRS. LORElla	Buchnen - SANA
IFICATION	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	OF DEATH OF	
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
MEDICA	21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ about home, farm, factory, street, office bldg., c		in Baltimore City, give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from 200.  deceased alive on EC. 18, 19, 53, and that death occur  23A. SIGNATURE	red at 24. Am., from the	2. 18,, 19.53 that I last saw the causes and on the date stated above
	Paul m. alece M.D.	Union Memorio	AGC. DATE STOTED
7 TI	44. BURIAL, CREMA- LON BEMOVAL (Specify) 1/21/53 24C. NAME OF CEMETE Sureal 1/21/53 New Cat	LELIA DE 240. LOS	CATION (City, town, er county) (State)
	OCAL REGISTRAR S SIGNATURE	Long Rue	k 5365 Harford
1	VS 150	1	

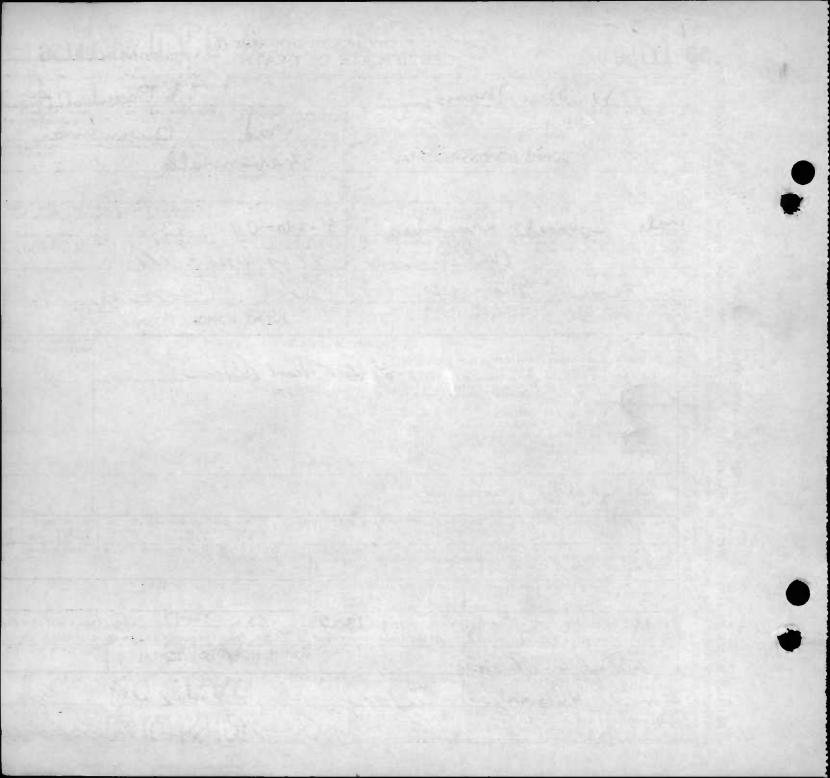


	3	11155 RTH NO.		EALTH DEPARTMENT	Registered No.	11155
The	1.	NAME OF DECEASED			2. DATE	
	<u>  `</u>	'ype or Print) MARY	PARHAM			er 16, 195
lie		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WI	ncre deceased lived. If inst B. COUNTY	itution residence
ddn	В.	FULL NAME OF (If not in hospital or	institution, give street address o		0 7	
in >		OSPITAL OR ISTITUTION	location	C. CITT OR TOWN (II C	2 0 10	rite RURAL and giv township
E .	1	Baltimore City	Hospitals 6 3 Yrs.	Baltimore		
ribli	3	Length of stay in Baltimore	Mos.		nrietta Street	
e ca leg		SEX   6. COLOR OR RACE   7.	Days SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years   If Unde	r 1 Year   If Under 24 Hour
ld b		Female   Colored	Widowed, DIVORCED (Specify	aug  -1869	la birthday) Months	Days Hours Min
on should be carefully supplied clearly and legibly.	worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	LEWORK INDUSTRY	RICH HULL ON	eign country) 12.	CITIZEN OF WHAT COUNTRY
natio	13	EATHER'S NAME		Ellen Butter	ME	
BINDING of information uses of death cle	(Ye	b. WAS DECEASED EVER IN U.S. ARMED FOR s, no or unknown) (If yes, give war or dates of set	CES? 16. SOCIAL SECURITY NO.	Waved W. Well	lam Belam	RESS
R BIN em of i causes		18. E 916.0	CAUSE	OF DEATH		INTERVAL BETWEE
	ы	DISEASE OR CONDITION DIRE	ECTLY			
西 5.章		(This does not mean the mode of dy		d degree burns of	lower extremit	ies
Ever Write		heart failure, asthenia, etc. It means th injury or complication which cause	d death.) DUE TO			
RV]		ANTECEDENT CAUSES				20000
RESERVED INK. Ever please write	z	DISEASES OR CONDITIONS, IF AN			*************************************	
RE IN	TION	RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.				
rla	4		(C)			•••••••••••••••••••••••••••••••••••••••
MARGIN UNFADING Physicians:	FIC					
FA FA rsic	RTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATED			
MA UNF Physi	CFI	19A. DATE OF OPERATION   19B. M	AAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
hd .	ب	0				YES NO X
ILY, WITH important.	ICA		IB. PLACE OF INJURY (e. g., at home, farm, factory, street, office bldg.		in Baltimore City, give	
6	EDI	UTING CAUSE OF DEATH.	Home	204 W. Henriet	ta Street	22/2
LAINLY,	Σ	21D. TIME (Month) (Day) (Year) (Hou OF INJURY				
7		Nov. 30, 1953 5:00 P.		x Burned herself w		
		22. I certify that I took charge of	f the remains described	above, held an Inspecti	on & Inquiry t	hereon and from
TE P		the evidence obtained by said	! Autonsy, Inspection or		ecased died on the d	lay stated above
IT]		and death in my opinion resu			], homicide [], unde	etermined [].
WR]		23A. SIGNATURE	Lasher	23B, CHIEF MEDICAL E.	XAMINER	ATE SIGNED
E Wage	24	AA. BURIAL, CREMA- 24B. DATE	24C, NAME OF CEMETE	RY OR CREMATORY   240 10	CATION (City, town, or e	
AS	HO	ON, REMOVAL (Specify) 11-19-54	1 mx. a.l.	P. ta B	alta.	(2000)
PLEASE WRITE correct age is esp			SNATURE SULLY	25. PUNERAL DIRECTOR	AC	DRESS
P1 2		CAL REGISTRAR	1600	Will Houge -1	39 Whole mely	C 184 /
1 9 5	*7	C 1e1			T VOI NATIONAL	1
	V	s 151 js N 945.21			THE SECTION STATES	

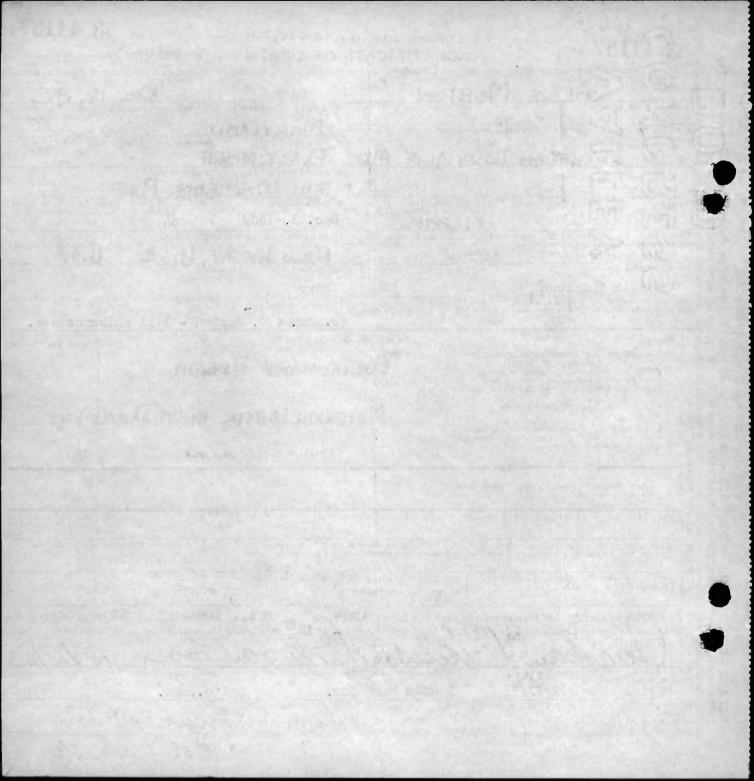


#### BALTIMORE CITY HEALTH DEPARTMENT

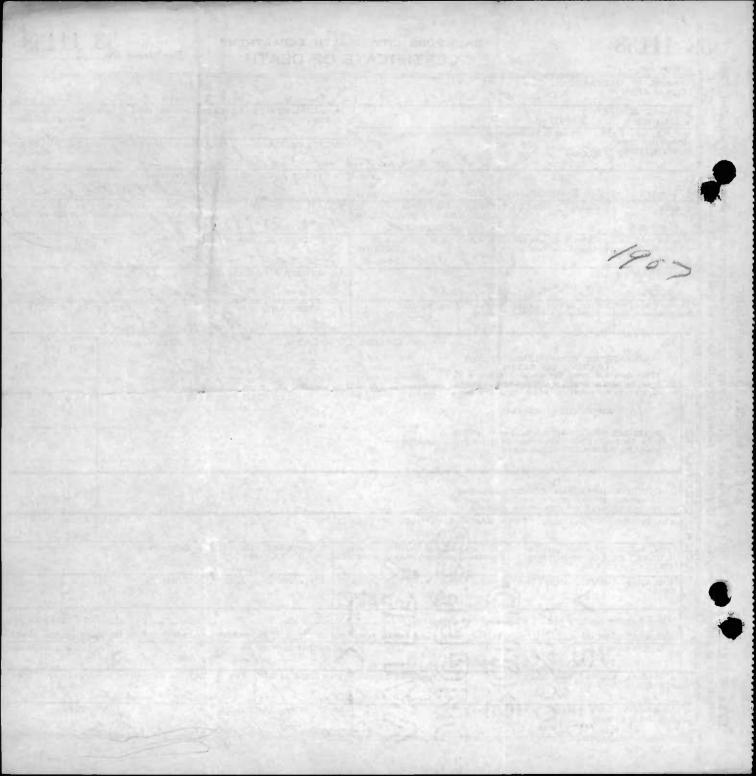
1	T	= 520 Thor	1.4.5
	2	BALTIMORE CITY H	TEALTH DEPARTMENT 53 11150
		RTH NO.	E OF DEATH Registered No. 1. 1.100
	(Ту	NAME OF DECEASED Vie or Print) Watter Thamps	2. DATE OF DECOMBY 17,1953
	Α.	Baltimore City, Maryland Osler 2	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	HO	FULL NAME OF (If not in hospital or institution, give street address o location STITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
	12	OHNS HOPKINS HOSPITAL Yrs.	Stevensulk township) D. STREET ADDRESS (If rural, give location)
	c.	Length of stay in Baltimore Mos. Days	(7 N B)
	5. 5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED (Specify	
	10/	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
		done during most of working life, even if retired)	slovenerelle
	13.	HENLY Thomas	alla Coma
	15. (Yes,	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT HOPKINS HOSPITAL
-	-	18. 023X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	tic Wear Disence
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	por position of the same of th
		ANTECEDENT CAUSES	
	ON	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
	FICATION	UNDERLYING CONDITION LAST.	
	F	Market II	
•	CER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	AL	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH O	DPERATION   IF OPERATION WAS RELATED TO   20. AUTOPSY?   CAUSE OF DEATH, ENTER IN   PART I OR PART II
-		21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
	Σ	21d TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURS OF INJURY WHILE AT NOT WH	HILE THE STATE OF
	-	22. I hereby certify that I attended the deceased from	2-5, 1953, to 12-17, 1953, that I last saw the
1		deceased alive on 12-17, 19 13, and that death occu	urred at \$ 45 km., from the causes and on the date stated above.
		Migrard . Megrocao M.D.	238. ADDITIONS HOPKINS HOSPITAL 23c. DATE SIGNED
	24 TIO	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
		TIE RECEIVED BY REGISTRAR'S SIGNATURE	28. FUNERAL PIRECTOR ADDRESS
	111	CAL REGISTRAR	19 Stman Amaples
(1		VS 150	



			DAI THE	MODE OF LIE				53 11157
	53 1113	57		MORE CITY HE			Registered I	Vo.
	IRTH NO.			ERTIFICATE	OF DEATH		registered i	10,
	NAME OF D	ECEASED				2. DA		
1 6	Type or Print)	ALICE.	MORTO	NC			ATH DEC	18. 1953
	. PLACE OF DE	EATH: A			4. USUAL RESIDEN A. STATE	CE (Where de		institution: residence before admission
В	FULL NAME		al or institution,	give street address or	MARYL	AND	COUNTY	before admission
	IOSPITAL OR		4.0	location)	c. CITY OR TOWN	(If outside	corporate limit	
		-UTHERAN	HOSPITA	ILOF MD	BALTIM	LORE	10	township
	7			Yrs.	D. STREET ADDRES	S (If rural, gi	ve location)	
C	. Length of st	tay in Baltimore		Mos. Days	3111 MA	LBROOM	k Ave	
5	. SEX	6. COLOR OR RACE		ARRIED. DIVORCED (Specify)	B. DATE OF BIRTH			ff Under 1 Year   If Under 24 Hour
	F	W	MAR	PIED (Specify)	Dec. 3, 1889	) last	6/1 MG	onths Days Hours Min
T	DA. USUAL OC	CUPATION (Give kind of	108. KIND OF		11. BIRTHPLACE (Sta		untry)	12. CITIZEN OF
"	Housew	of working life, even if retired)	at home	INDUSTRY	New lea	CEY (1	CA	WHAT COUNTRY
T	3. FATHER'S N		1 ao mone		4. MOTHER'S MAID	EN NAME	12,41	0.7.
	Willis	Thompson			Mary			
I	5. WAS DECEASE	D EVER IN U. S. ARMEL	D FORCES?   16	S. SOCIAL	7. INFORMANT		Δ	DDRESS
II.	none	(If yes, give war or date	a of service)	SECURITY NO.	ir. James H.	Monton -		
-	NAME OF TAXABLE PARTY.					HOP-ton =	DITT MS	INTERVAL BETWEE
	40-0		SIR-OHI W	CAUSE O	F DEATH			ONSET AND DEAT
		E OR CONDITION LEADING TO DEAT	TH	P	MONARY	Frema		
	heart failu	not mean the mode ore, asthenia, etc. It mea	ins the disease.	(A)	HOW INC.			
	injury or	complication which c	caused death.)	DUE TD				
	HEED AND THE	ANTECEDENT CAUS		A				
		ANTICOLDENT OAGO	oE5	Am	Muccolo De	m 11-0	m 1200	Ac - 1 111-
No.	DISEASES			(B) ART	Rosclero	TK HEA	KL DIR	WE I AL
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DI IN MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE OI  19A. DATE OI  21A. ACCID LYING OF CAUSE OF  21D. TIME ( OF INJURY)  22. Increby defeased al, 23A. STANAT  4A. BURIAL, CON, REMOVAL (S) BURIAL  ATE RECEIVED OCAL REGISTI	GOR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA  III IGNIFICANT CONDITION INFO TO THE DEATH, BUT ISEASE OR CONDITION IF OPERATION 1  ENT WAS UNDER- R CONTRIBUTING DEATH Month) (Day) (Year)  IVE ON 18  I	TIONS CDN- NDT RELATED CAUSING IT.  9B. MAJOR FIR  21B. PLACE about home, farm, f  (Hour)  21E.  whill work cended the dec 1, 1955 and	OF INJURY (e.g., in factory, street, office bidg., etc  INJURY OCCURRET  INJURY OCCURRET  AT WORK  Reased from  that death occurr  NAME OF CEMETER  OUDON PARK Ce	2 Ic. WHERE DID INJURY OCCUR?  2 IF. HOW DID II  195  And DRIFT  ADDRIFT  TO REMATORY	NJURY OCCU  to DEC  rom the caus  240. LOCATIO  Balto,	R?  R?  195  es and on the City, town	20. AUTOPSY? YES ND give exact location)  3, that I last saw the date stated above the date of the dat
DI IN MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE OI  19A. DATE OI  21A. ACCID LYING OF CAUSE OF  21D. TIME ( OF INJURY)  22. Incheby defeased al  23A. SYNAT  4A. BURIAL, C ON, REMOVAL (S BURIAL) ATE RECEIVED	GOR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA  III IGNIFICANT CONDITION INFO TO THE DEATH, BUT ISEASE OR CONDITION IF OPERATION 1  ENT WAS UNDER- R CONTRIBUTING DEATH Month) (Day) (Year)  IVE ON 18  I	TIONS CDN- NDT RELATED CAUSING IT.  9B. MAJOR FIR  21B. PLACE about home, farm, f  (Hour)  21E.  whill work cended the dec 1, 1955 and	OF INJURY (e.g., in factory, street, office bidg., etc  INJURY OCCURRET  INJURY OCCURRET  AT WORK  Reased from  that death occurr  NAME OF CEMETER  OUDON PARK Ce	2 Ic. WHERE DID INJURY OCCUR?  2 IF. HOW DID II  195  And DRIFT  ADDRIFT  TO REMATORY	NJURY OCCU  to DEC  rom the caus  240. LOCATIO  Balto,	R?  R?  195  es and on the City, town	20. AUTOPSY? YES ND give exact location)  3, that I last saw the date stated above the date of the dat



RESERVED



ERTIFICATION

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EDICAL

1	T-546		
	7.3	E OF DEATH Registered No.	3 11159
		Le LMind-6 4 2. DATE OF DEATH 12/1	5/53
1	a. PLACE OF DEATH:  a. Baltimore City, Maryland  b. FULL NAME OF (If not in hospital or institution, give street address or		stitution; residence before admission
	HOSPITAL OR location)  Bon Secours Hospital	C. CITY OR TOWN (If outside cornorate limits	write RURAL and giv township
,	c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)  166 South Kossuth Stre	et
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Mont 75	du l Year   If Under 24 Hours hs Days Hours Min
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR 1NDUSTRY		2. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  Mary Lears	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.		ORESS O
	DISEASE OR CONDITION DIRECTLY	OF DEATH	INTERVAL BETWEE
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	stinal obstruction	Acuta
	ANTECEDENT CALLERS		

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Strongulated Femoral Hernia DUE TO (C) .

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

**OPERATION** 

5xxuexins 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID

about home, farm, factory, street, office bldg., etc.)

(If in Baltimore City, give exact location) INJURY OCCUR?

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WORK

19 J. Sthat I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 1 2/13 1955, and that death occurred at 9 m., from the causes and on the date stated above. 23 SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

21A. ACCIDENT WAS UNDER

LYING OR CONTRIBUTING

24A. BURIAL CREMA-TION REMOVAL (Specify) 24B. DATE

DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR

DIRECTOR

VS 150

ADDRESS

20. AUTOPSY

(State)

ecten bu

The	BI	RTH NO.			OLIVIII 107	112 01					
		NAME OF D ype or Print)	ECEASED A A A A	2 13	Larken				2. DATE OF DEATH	ember	17,1952
be carefully supplied of legibly.	Α.		City, Maryland	med	Opler.	A. STA		DENCE (W	here deceased lived. B. COUNTY	If institution:	residence re admission)
ly su	HC	FULL NAME OSPITAL OR STITUTION		pital or institution   HOPKINS	tion, give street addre		Y OR TOW	/N (If	outside corporate lin	aits, write RUI	
efull bly.	3	3	201113	TOT WILLY I		rs. D. STR	Fied REET ADD	enda RESS (If I	Duny ural, give logation)		township)
e car legi	-		stay in Baltimore		). L	los.				5500	)
on should be carefu clearly and legibly.	7	Vale	Coloned	WIDOV	E, MARRIED, VED, DIVORCED (S <sub>I</sub>	ecify)	-30-	05	9. AGE (In years last birthday)	if Under I Year Months: Days	H Under 24 Hours Hours Min.
on sho	work	done during more	CUPATION (Give kin of working life, even if retir	dof 10s. KINI	O OF BUSINESS O		Sorie	4	reign country)	12. CITIZE WHAT	EN OF COUNTRY?
ation	13	FATHER'S	NAME				THER'S M	AIDEN NA	ME		
of of	15 (Ye	//-	ED EVER IN U.S. ARI	MED FORCES?	16. SOCIAL SECURITY N	o. 17. INI	FORMANT		S HOSPITAL	ADDRESS	
BIN of uses		18. 204	1 2		1222-09-L	SE OF DE		HOPKIN	S HOSPLIAL	INTERV	AL BETWEEN
FOR item			SE OR CONDITIO			cute i				ONSET	AND DEATH
		heart failu	s not mean the mod ire, asthenia, etc. It n complication which	e of dying, e. neans the diseas	se, (A)	caae s	ella	mu			*******************
00			ANTECEDENT CA	USES							
RESEI INK. please	TION	RISE TO T	S OR CONDITIONS	A) STATING T	NG	***************************************	••••••••••••••••••••••••		*****************************		••••••
GIN ans:	FICA	ONDERL	YING CONDITION	LAST.	(C)		a **** a ***	. *	***************************************		
MARGIN UNFADING Physicians:	ERTII		II  GNIFICANT CONDITIO  DEATH BUT NOT								
н.	L		OF OPERATION		ITION FOR WHICH	H OPERATIO	NO		TION WAS RELATED		TOPSY?
ILY, WITH important.	SICA		ENT WAS UNDER	LYING[] 216	B. PLACE OF INJUI	RY (e. g., in or	21c. WH	PART I O	R PART II	YES 🛆	location)
	MEC	DEATH (NO	BUING CAUSE	INER)	home, farm, factory, street						
		OF INJURY	(Month) (Day) (Ye	ar) (Hour) m.		URRED WHILE WORK	21F, HOV	N DID INJ	URY OCCUR?		/2/A\
rE PLAIN especially			y certify that I			12-10	) 455 L	3, to_1		, that I le	
RITTE is es		23A, SIGNA		17, 1975,	and that death of		ORESENS		ie causes and on		ated above. TE SIGNED
E W	24	4A. BURIAL,	CREMA- 24B. DAT	tame	M. D 24C. NAME OF CEM		REMATOR		CATION (City, tov	vn, or county)	(State)
PLEASE Wi		ON, REMOVAL (S	al 12/2	0/93	Federal	slove	-	Ye	deraled	W En	ul.
PLE		ATE RECEIVE		R'S SIGNAT	WALLAND N	25. FU	FOM:	RECTOR	S. 700	broks	ores.
	=	VS 150		Ď.	970	44		1		n	tel
						1/	P No. You can't	10	told and make	***	

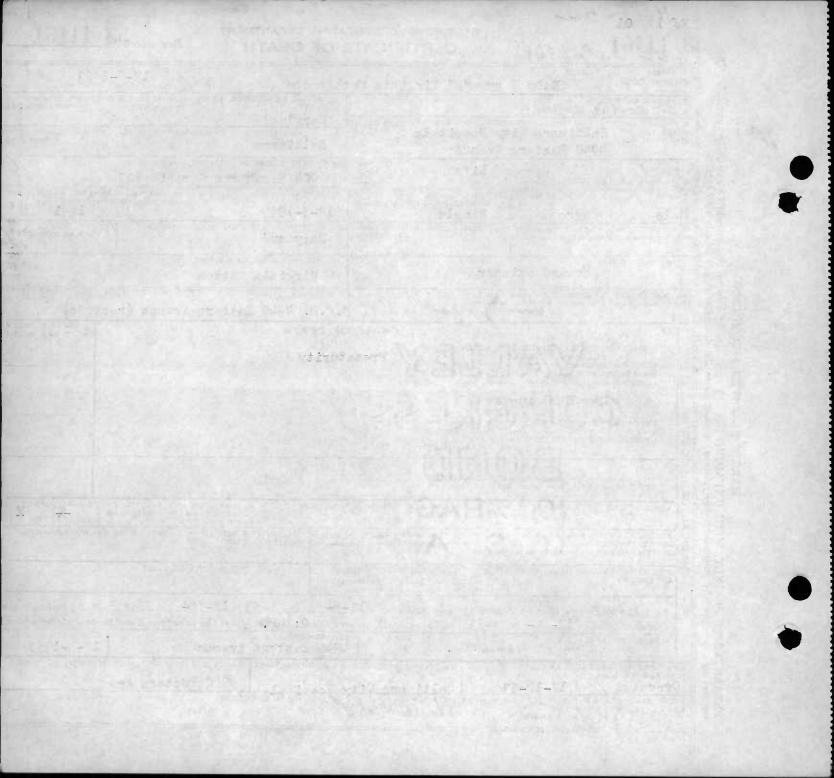
from June day THE DE Territory and the second of the second Paul Lechanne E Fellessonlago Howard States Filmer on the

M77407 52

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	11161
Registered No.	TITAT

В	RTH NO.	53-24648		CERTIFICATI	E OF DEAT		
	NAME OF D	ECEASED				2. DATE 12	6-1953
T) (T	ype or Print)	Baby B	oy "A	" Virginia Wa	shington	OF 12-	0-1999
	PLACE OF D				4. USUAL RESIL	DENCE (Where deccased lived. B. COUNTY	If institution : residence before admission)
A.	Baltimore C	City, Maryland OF (If not in hospits	al or institut	ion, give strect address or			Delote administrative
H	SPITAL OR	Baltimore Ci	ty Hosp	itals location)	c. CITY OR TOW	N (If outside corporate lie	hits, write RURAL and give
11/	STITUTION	4940 Eastern	Avenue		Baltimor	0	township)
			Life	Yrs.	D. STREET ADDI	RESS (If rural, give location)	
c.	Length of s	tay in Baltimore	TITLE	Mos. Days	904 Sar	ah Ann Street #2	3
1	SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF BIR	TH 9. AGE (In years	If Under I Year   If Under 24 Hours
M	ale	"egro	Sing	ED, DIVORCED (Specify)	12-5-1953	lase bir tirday /	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR		(State or foreign country)	12. CITIZEN OF
wor	k done during most o	of working life, even if retired)		INDUSTRY	Maryland		WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S M	IAIDEN NAME	
		Howard Ski	nner		Virgini	a Watson	
15 (Ya	. WAS DECEASI	O EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
11	a, no or unanown,	(11 Jost Billo war or disco	7 0. 001 1100)	SECORITI NO.	В.С.Н. 4940	Eastern Avenue (	records)
	18. 77/	V .		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY				ORSET AND BEATH
	(This does	LEADING TO DEAT	「H f dying, e.s	Prema	aturity		
	heart failu	re, asthenia, etc. It mea	ns the diseas	e.			
	311,011						A STATE OF THE PARTY OF THE PAR
-		ANTECEDENT CAUS	ES	(B)			
ő		S OR CONDITIONS,		IG	*****************************		
F	UNDERLY	HE ABDVE CAUSE (A)	STATING TE				
0			311000	(C)			
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N.	TO THE	NIFICANT CONDITIONS DEATH BUT NOT	RELATED TO	THE			
12	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	F OPERATION 1	THE RESERVE OF THE PARTY OF THE	TION FOR WHICH O	PERATION I	IF OPERATION WA'S RELATED	TO 20. AUTOPSY2
L	ION. DATE C		AS PERFO			CAUSE OF DEATH, ENTER	
N S	21A. ACCIDI	ENT WAS UNDERLY	NG 21E	PLACE OF INJURY	(e. g., in or 21c. WH	ERE DID (If in Baltimore Ci	
EDIO	OR CONTRIE	BUTING CAUSE OF	R) about	bome, farm, factory, street, office	bldg.,etc.) INJURY	OCCUR?	
M		(Month) (Day) (Year)		21E. INJURY OCCURR	ED 215 HOV	W DID INJURY OCCUR?	
1	OF INJURY	(MIOHOII) (Day) (Lear)		WHILE AT NOT WHI	LE		
			nı.	WORK AT WOR		40 00 /	
	22. I hereb	y certify that I att	ended the	deceased from 12	<b>-</b> 5- , 19.	53 to 12- 6- , 19	53, that I last saw the
			_, 1953			n., from the eauses and or	
	23A. SIGNA	TURE 4.C.90	hus Ne		238. ADDRESS 4940 Easter	n Avenue	12-6-1953
2	4A. BURIAL.			M. D.		Y 24D. LOCATION (City, to	
	AA. BURIAL.					linta m	
	Cremated	12-17-5	SSIGNATI	Baltimore Cit	25 FUNERAL D	IRECTOR	ADDRESS
L	OCAL REGIST		in stand	Villauna N	, , , , , , , , ,		STATE NAME OF
	UF 19		-A				
	VS 150	leaves and the second	417		13 (	1	



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PLEASE correct ag

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	The	-
MARGIN RESERVED FOR BINDING	FLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The pecially important. Physicians: please write the causes of death clearly and legibly.	
	AINLY, WITH	
	PECia.	

CO TEXTOS	E OF DEATH  Registered No. 11162
I. NAME OF DECEASED (Type or Print) Baby B oy ;B. Virginia Wasl	2. DATE OF 12-6-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE  Maryland  A. STATE  Maryland  A. COUNTY  Before admission
B. FULL NAME OF (If not in hospital or institution, give street address of Hospitals ocation INSTITUTION 4940 Eastern, Ave	C. CITY OR TOWN (If outside forperate limit, watte RURAL and give township)
c. Length of stay in Baltimore  Life  Yrs.  Mos.  Days	904 Saran Ann, St
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif Single)	8. DATE OF BIRTH 12-5-1953  9. AGE (In years last birthday)  9. AGE (In years Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Howard Skinner	14. MOTHER'S MAIDEN NAME Watson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	B. C. H. 4940 Eastern, Ave (records)
DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH UTILY
ANTECEDENT CAUSES	
Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	

(10	M. HO OF HER MOWE)	s, give war or dases or service,	B. C	н. 494	O Eastern, Ave	(records)
	(This does not me heart fallure, asthe	CONDITION DIRECT! NG TO DEATH an the mode of dying, nia, etc. It means the dis ation which caused de	e. g., (A) Prematurit			INTERVAL BETWEEN
	ANTEC	EDENT CAUSES				OLD SECTION
CATION		ONDITIONS, IF ANY, GIVE CAUSE (A) STATING	THE DUE TO			
ERTIF!	TO THE DEATH	II IT CONDITIONS CONTR I BUT NOT RELATED ITION CAUSING IT.				
AL C	19A. DATE OF OPER	RATION 198. CON WAS PER	NDITION FOR WHICH OPERATI FORMED	0	F OPERATION WAS RELATED FOR THE PART I OR PART II	
MEDICA	21A. ACCIDENT WA OR CONTRIBUTING DEATH (NOTIFY MED	CAUSE OF  ab	218. PLACE OF INJURY (e. g., la c sout home, farm, factory, atreet, office bldg., etc.	21c. WHER	E DID (If in Baltimore	City, glve exact location)
Σ	21D. TIME (Month) OF INJURY	(Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT NOT WHILE	21F. HOW	DID INJURY OCCUR?	

deceased alive on 12-6 23A. SIGNATURE H. C. John the -

1953 and that death occurred at 4:158 m., from the causes and on the date stated above. 238. ADDRESS 4940 Eastern, Ave Balto. Md

23c. DATE SIGNED 12-6-53

, 1953, that I last saw the

24c. NAME OF CEMETERY OR CREMATORY

, 1953 to 12-6

24D. LOCATION (City, town, or county)

4940 Eastern Ave

Cremated DATE RECEIVED BY REGISTRAR'S SIGNATURE

Baltimore City Hospital

NOT WHILE

WHILE AT WORK

ADDRESS

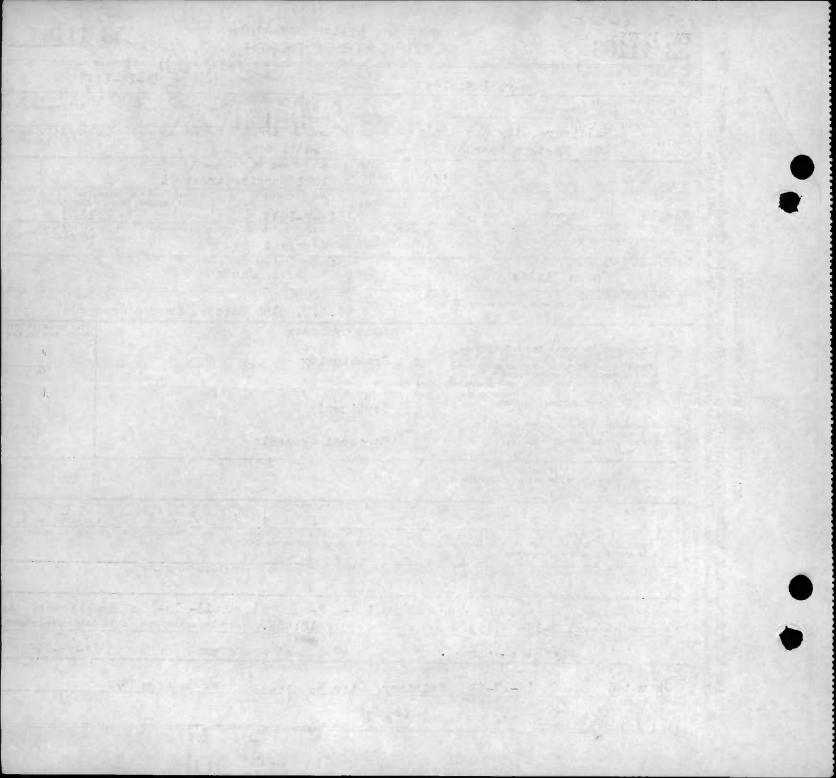
22. I hereby certify that I attended the deceased from\_

VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

to the first markey it to the Poylot ! ANTA PROJECT CASE 24 . AMM 64 122 FOL ( they take eye , restant 100 1. t. . t. . L. ENTER TRANSPORTER TO BE AND THE PROPERTY OF TH Parada para de la materia de la companya del companya de la companya de la companya del companya de la companya 

ılly supplied. The	EXIT INDICATE CITY HE CERTIFICATE CERTIFICATE (Type or Print)  BALTIMORE CITY HE CERTIFICATE MAY BE CERTIFICATE MAY BE TI ELLS							2. DATE OF 12-1 DEATH	5-19	153		
	A.	PLACE OF D Baltimore (	EATH: City, Maryland				A. STATE		ENCE (Wh	ere deceased lived. B. COUNTY	If inst	itution : residence before admission)
	HC	FULL NAME OSPITAL OR STITUTION	Baltimore Ci 4940 Eastern	ty Hosp	on, give street: itals	address or location)	c. CITY	or town		utside corporate lin	nits w	rite RURAL and give township)
efu		)	4940 Bastern	WASHIGE		Yrs.				ural, give location)	4	
FOR BINDING y item of information should be carefully supplied. the causes of death clearly and legibly.	C	Length of s	tay in Baltimore		Life	Mos. Days	1021 Morris Street #1					
	5.	sex	6.COLOR OR RACE	7. SINGLE WIDOW Singl	MARRIED. ED. DIVORCE		8. DATE OF BIRTH 9. AGE (In years If Under I Yes			Days Hours Min.		
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY						CITIZEN OF WHAT COUNTRY?					
	13	. FATHER'S 1	James Fields						Jacks o			
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO.					17. INFO		East	rn Avenue	ADDR	
		18. 7 5 2 1 CAUSE									INTERVAL BETWEEN	
		DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) Prem					turity	•••••				\ 
RESERVED FINK. Every please write th	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO											
K. K.	7	ANTECEDENT CAUSES Septicemia						***************************************	****			
N RESEING INK.	RTIFICATION	RISE TO T	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH		Cereb	oral Agenesis					
MARGIN UNFADING Physicians:	RTIFIC											
M	CEF	DISEASE C	DEATH BUT NOT I	IT.	***************************************							
ы.	AL (		V	VAS PERFO					PART I OF	TON WAS RELATED F DEATH, ENTER R PART II If in Baltimore Ci	IN	YES NO
. 2	EDIC	OR CONTRI	ENT WAS UNDERLY! BUTING CAUSE OF TIFY MEDICAL EXAMINE	about	. PLACE OF I home, farm, factory			NJURY C	CCUR?	ir in paramore or	vy, 617	C CARGO TOOLSOOT,
RITE PLAIN is especially	2	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	WHILE AT WORK	OCCURR NOT WHI AT WOR	LE	21F. HOW	ונאו מום	URY OCCUR?		
		22. I herel	by certify that I at	tended the	deceased fr	om 1 2	- 2-	, 153	to	12- 15- , 19	_53t	hat I last saw th
		deceased a	live on 1 2-15-	1953	and that de	ath occu	23B. ADDR	ESS IN	., from th	ie eauses ana or	i the	23c. DATE SIGNED
		LOA. O.O.	HTP L	me Van			4940 E					12-15-1953
ASE W	2 TI	on REMOVAL (	Specify)	17-53	Baltimo			- 10.		Eastern A		county) (State)
PLE	DL	ATE RECEIVE	D BY I DECLETRAD	'C CICNIATI		# DL	1 25 FUN	ERAL DI				DDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

53 11164

### BALTIMORE CITY HEALTH DEPARTMENT

53 11164

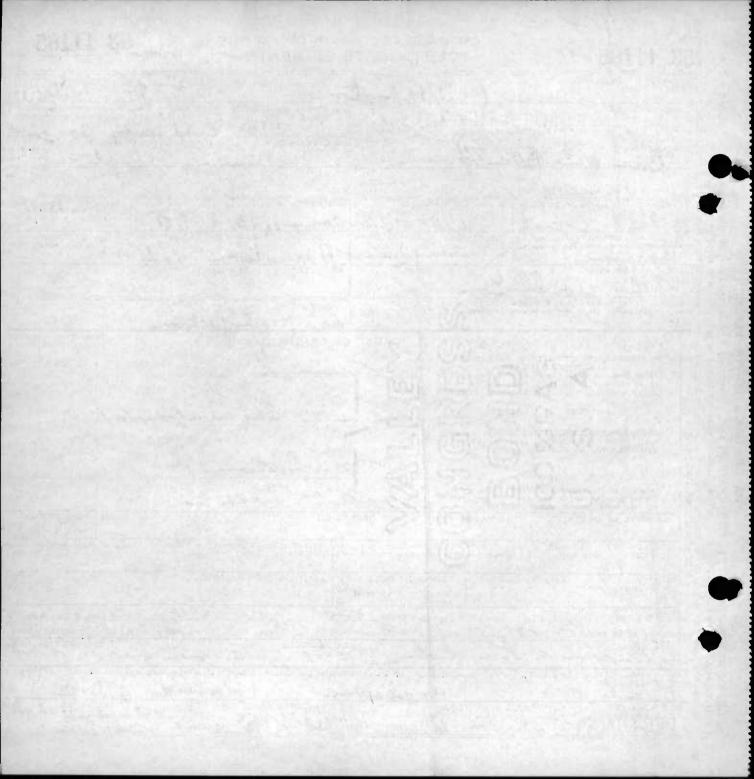
BIRTH NO.	CE	RTIFICATI	E OF DEAT	[-] Registered	No.
1. NAME OF DECEASED (Type or Print)	CLARA	BAUERSFEL			.16,1953
3. PLACE OF DEATH: A. Baltimore City, Maryland			A. STATE	DENCE (Where deceased lived, I B. COUNTY Yland	f institution: residence before admission)
HOSPITAL OR	Ellwood	location)	c. CITY OR TOW	N (If outside corporate limitimore	k, write RURAL and give township
c. Length of stay in Baltimore	Lif	e Yrs. Mos. Days	110	RESS (If rural, give location) 7 S. Ellwood Av	renue
Female White	7. SINGLE, MA WIPOWED, I SINGLE	ARRIED, DIVORCED (Specify)	June 5,1	.	M Under I Year M Under 24 Hours Conths Days Hours Min.
10A. USUAL OCCUPATION (Give kind work done during most of working life, even if retire Housekeeper	of 10B. KIND OF	INDUSTRY		(State or foreign country) timore, Md.	12. CITIZEN OF WHAT COUNTRY U.S. A.
13. FATHER'S NAME			14. MOTHER'S M		
Henry W. Bauer	sfeld	The second	Ame	lia Hansge	
15. WAS DECEASED EVER IN U. S. ARM (Yes, no or unknown) (If yes, give war or de	ED FORCES?   16.	SOCIAL SECURITY NO. None	17. INFORMANT	Mrs. Rose Becke	
(This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CAN DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (AUNDERLYING CONDITION DTHER SIGNIFICANT CONDITION DTHER SIGNIFICANT CONDITION DEPORTS	cans the disease, caused death.)  USES  IF ANY, GIVING A) STATING THE LAST.	(B) Art	ebral Hemo		2 yrs
DISEASE OR CONDITION CAUSE	RELATED TO THE		abetes Me	llitus	12 yrs
19A. DATE OF OPERATION	19B. CONDITION WAS PERFORME	N FOR WHICH OF	PERATION	IF OPERATION WAS RELATED CAUSE DF DEATH, ENTER PART I DR PART II	IN YES ND X
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION OF CONTRIBUT	OF about home, f	ACE OF INJURY ( farm, factory, street, office	e.g., in or 21C. WHI hldg., etc.) INJURY	ERE DID (If in Baltimore City OCCUR?	, give exact location)
21D. TIME (Month) (Day) (Year OF INJURY	m. WHII	INJURY OCCURRI	LE K	PRUDDO YRULNI DID V	
22. I hereby certify that I a deceased alive on Dec.	ttended the dece	eased from b.	1949 , 19 rred at 11:35	n., to Dec. 1615	3., that I last saw th
23A. SIGNATURE	! De Doc	w/ M.O.	3023 I	Eastern Ave.	23C. DATE SIGNED
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Dec. 19	24c.	NAME OF CEMETE	RY OR CREMATOR	Y 24D. LOCATION (City, tow	12/17/53
DATE RECEIVED BY   REGISTRA	,1953 Mt	. Carmel	Cemetery 25. FUNERAL D	Baltimore, N	n, or county) (State)

VS 150

25. FUNERAL DIRECTOR
H. SANDER & SONS, INC.
Baltimore, Marylandy

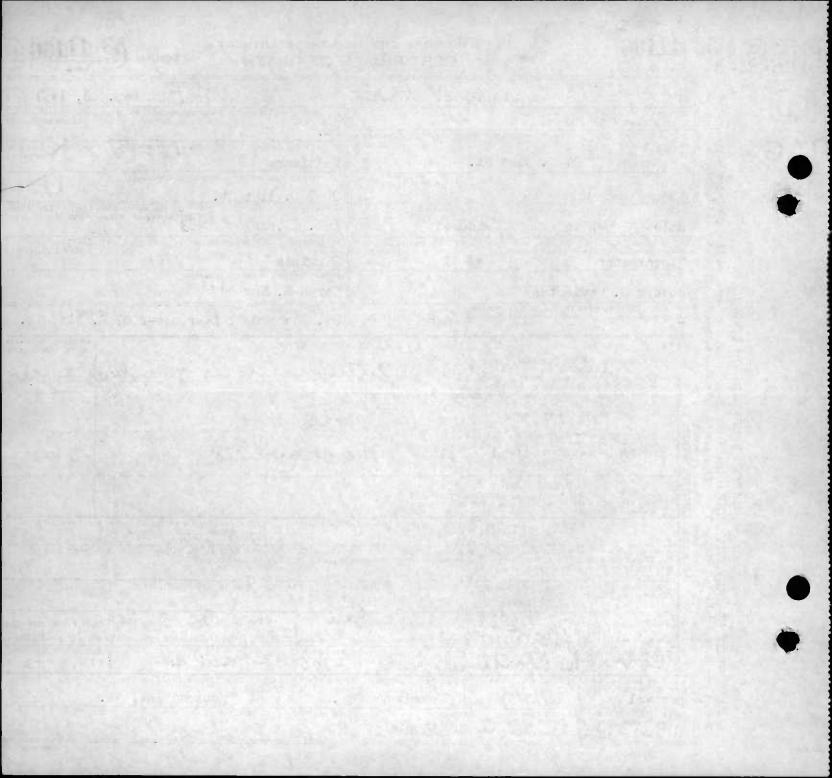
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	(T:	NAME OF DECEASED  Appe or Print)  Award  A	1. 10) 1sh
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ca.	6	Length of stay in Baltimore	
ld be		SEX   6. COLOR OR RACE   7. SING	GLE, MARRIED, OWED, DIVORCED
on shou clearly	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	ND OF BUSINESS
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INK.	CATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	
H UNFADING Physicians: 1	CERTIFI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. MAJ	ATEO
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all	Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY O
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PLEASE WR correct age i	710	A. BURIAL CREMA- N. REMOVAL (Specify)	Woodl
PLE	D/ L(		William .

	TIMORE CITY HE			Registered	3 11165
P.	W) Is hingt	4. USUAL RESIDE		OF DEATH DE	if institution; residence
or instituti	on, give street address or location)	a. STATE	UC	B. COUNTY	before admission)
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	FINDINGS OF OPER	ATION			20. AUTOPSY?
21B. PLA	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c. WHERE D		n Baltimore City,	, give exact location)
	VHILE AT NOT WHILE	ED 21F. HOW DID	INJURY C	CCUR?	
					3, that I last saw the
193.3,	and that death occur	тей ат 6 - г.т., 3в. ADDRESS 2309 дли		causes and on	the date stated above.  23c. DATE SIGNED  /2 -/9 -5 3
1	4c. NAME OF CEMETE	RY OR CREMATORY		TION (City, tow	n, or county) (State)

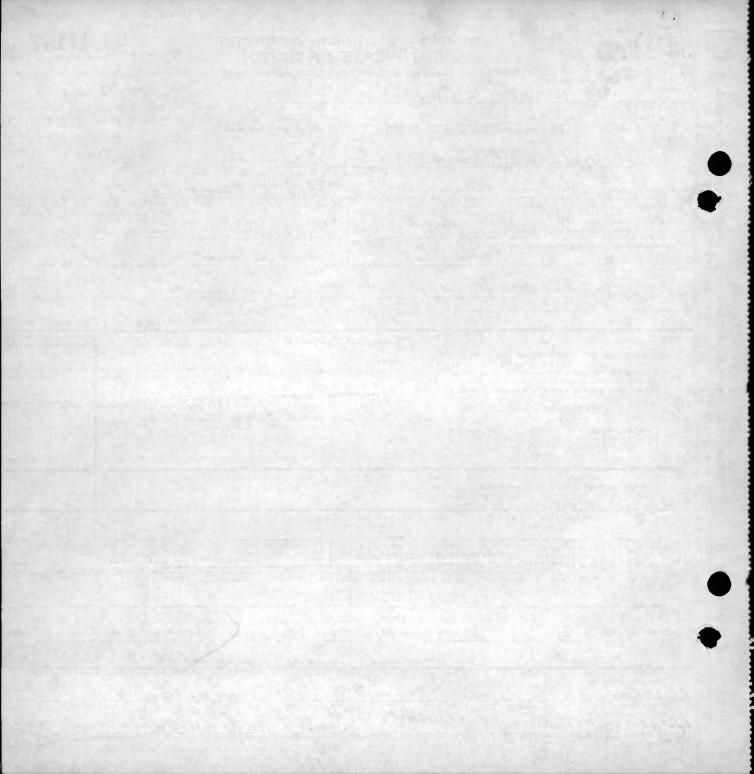


### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF WALTER B. COVINGTON Dec. 18, 1953 supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give carefully INSTITUTION 2007 E. 31st St. Baltimore legibly D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimere 2007 E. 31st St Days last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE and 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED DIVORCED (Specify) WI dowed plnods Feb. 11, 1870 white 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death ele Storekeeper Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING Joseph G. Covington Sarah E. Seward 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Mr. Richard A. Lawrence-2007 E. 3 none CURITY NO. (If yes, give war or dates of service) (Yes, no or unknown) Every item of i INTERVAL BETWEEN 18. CAUSE OF DEATH FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ш DISEASE OR CONDITION CAUSING IT. U 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION 20. AUTOPSY IF OPERATION WAS RELATED TO WITH EDICAL WAS PERFORMED CAUSE OF DEATH. ENTER IN important. PART I OR PART II 218. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE WORK AT WORK 10, 19 45, to 1953 that I last saw the 22. I hereby eertify that I attended the deceased from. WRITE Pm., from the causes and on the date stated above. 3. and that death occurred at 1 deceased alive on. 23c. DATE SIGNED 23B. ADDRESS 13 27 24C. AME OF CEMETERY OR CREMATORY 24A. BOLIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) PLEASE correct Removal Hermitage Cem. Church View, DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE



RESERVED



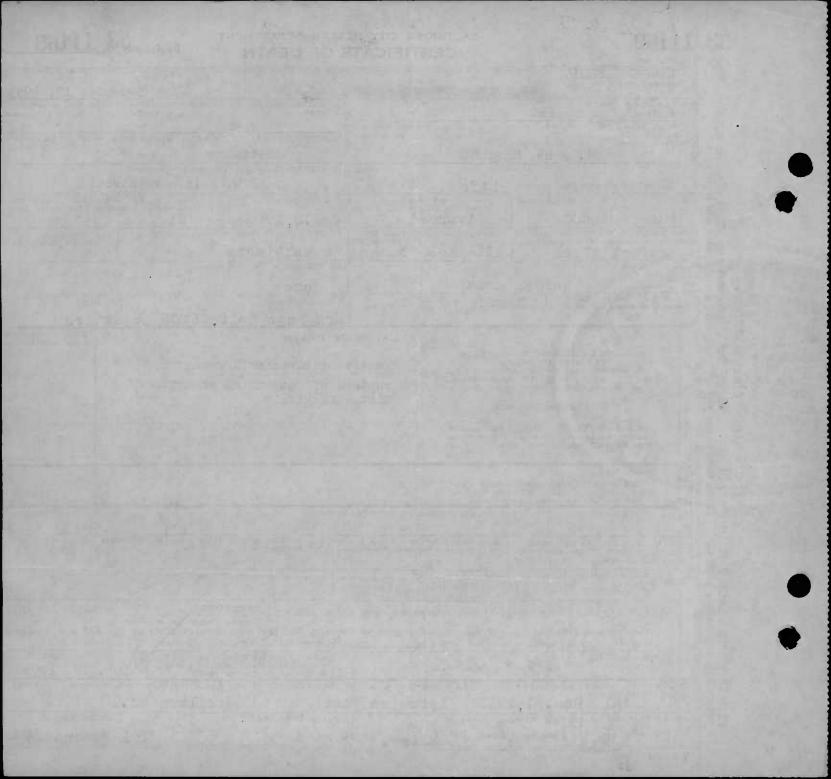
53	1	12/11	REALTH DEPARTMENT Registered to 1116	38				
53	1.	NAME OF DECEASED	2. DATE					
lied.	3.	PLACE OF DEATH:  PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: re					
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lly		St. Joseph's Hospital	c. CITY OR TOWN (If outside corporate limits, write RURA  Harundale	township)				
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		Length of stay in Baltimore Days  SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 DATE OF BIRTH 9. AGE (In years If Under I Year	f Under 24 Hours Tours Min.				
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VDING information of death cl	13	Herry B. Euler	Maris Calell	V				
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4 24			nchopneumonia	• • • • • • • • • • • • • • • • • • • •				
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r, WITH portant.	EDICAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)		ocation)				
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-		22. I hereby certify that I attended the deceased from Nov	v. 30 , 1953 to Dec. 16 , 1953, that I la					
WRITE ge is esp		deceased alive on Dec. 16, 19 53, and that death occu	23B. ADDRESS	E SIGNED				
E W	2	M. D.  AD BURIAL, CREMAN ZAB. DATE  AN REMOVAL (Sperify)  AN REMOVAL (Sperify)	11:00 N. Caroline Street Dec. 16 TERY OR CREMATORY 24D. LOCATION (City, town, or county)	(State)				
PLEASE W		ATE RECEIVED BY   REGISTRAR'S SIGNATURE.	L25, FUNERAL DIRECTOR ADDRESS	Md.				
PL	L	OCAL REGISTRATES & Multington Williams, M.	Harry H. with the 41016dm	oxdoor				
		VS 150		aus				
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NAME
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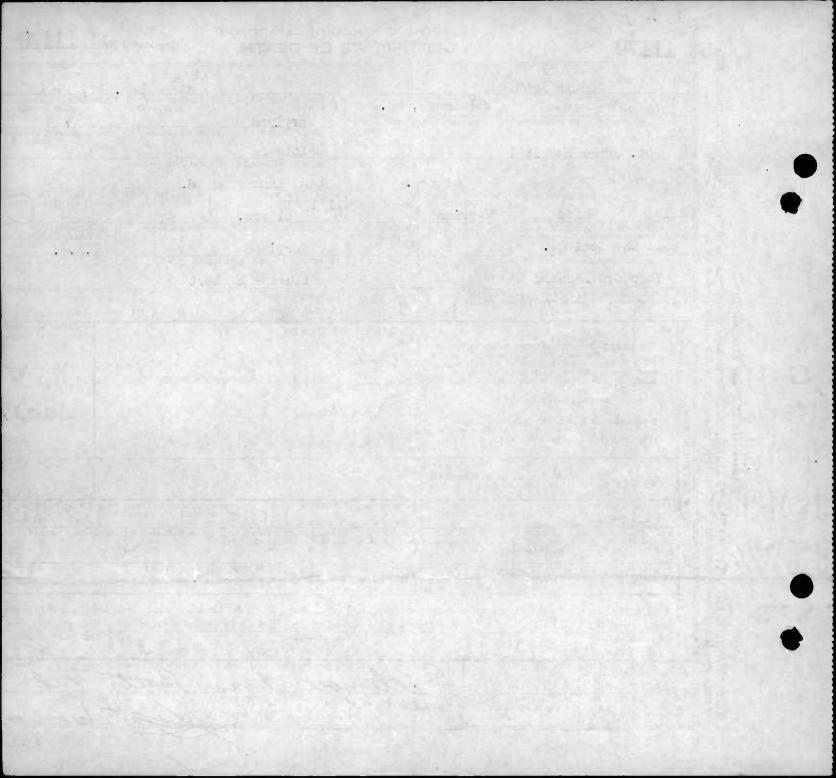
	RTH NO.			CERTIFICAT	E OF DEATH	Registered No	
	NAME OF Dope or Print)		ELBERT	KRUSE - BUS		2. DATE OF DEATH Decem	ber 17, 195
	PLACE OF D	EATH:	TIDENT_	ARUSE V	4. USUAL RESIDENCE	Where deceased lived. If in	stitution: residence
	Baltimore (	City, Maryland OF (If not in hospit	al or institut	ion, give street address of	A. STATE Maryland	B. COUNTY	before admission
HO	SPITAL OR STITUTION			location		f outside corporate limits,	write it! RAL and gi
11	(0)	St. Agnes H	ospital		Baltimor		- Wilsin
-5.				Yrs. Mos.	D. STREET ADDRESS (If		<b>^</b> +
	Length of s	tay in Baltimore	Life	Days E. MARRIED,	1 8. DATE OF BIRTH	Baltimore Stre	nder I Year   If Under 24 Hou
	lale	White	MIDOM	ED, DIVORCED (Specify		last birthday) Mon	ths Days Hours Mir
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13.	FATHER'S 1		dikalada ili	.000 12 00 110	14. MOTHER'S MAIDEN N	IAME	
		Herman	Kruse		Rose		
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	injury or	complication which	caused death	ij ouż to ruptu	re of congenital e of Willis	aneurysm oi	
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RTIFIC	OTHER S	II SIGNIFICANT COND	ITIONS CON	N -			
ER		TO THE DEATH, BUT					
V	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
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	OF INJURY		,	WHILE AT NOT WHILE			
ľ	22. 1 certi	fu that I took char		remains described	above, held an Auto	psy	thereon and fro
					Autopsy,	Inspection or Inquiry	
	and de	ath in my opinion	resulted f	rom: <u>natural cause</u>	Inquiry, find that said d s_2, accident [], suicide	$\Box$ , homicide $\Box$ . un	determined [].
ľ	23a. SIGNA	TURE OL	= 0		238. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER 23C	38 3000
24	A BURIAL 4	REMA- 248, DATE	2700		D. MEDICAL INVESTIGATION OF CREMATORY 240. L	ror 🗆   Dec	
T10	A. BURIAL. (S N. REMOVAL (S Buria			Lorraine B		odlawn Md.	(State)
DA	TE RECEIVE	D BY   REGISTRAR			25. FUNERAL DIRECTOR		ADDRESS
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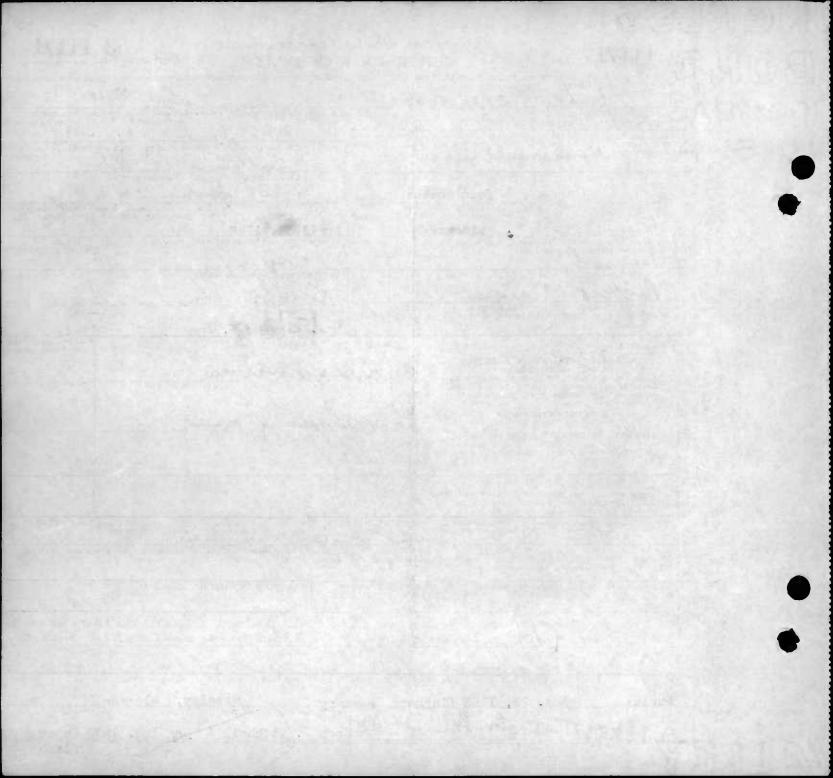


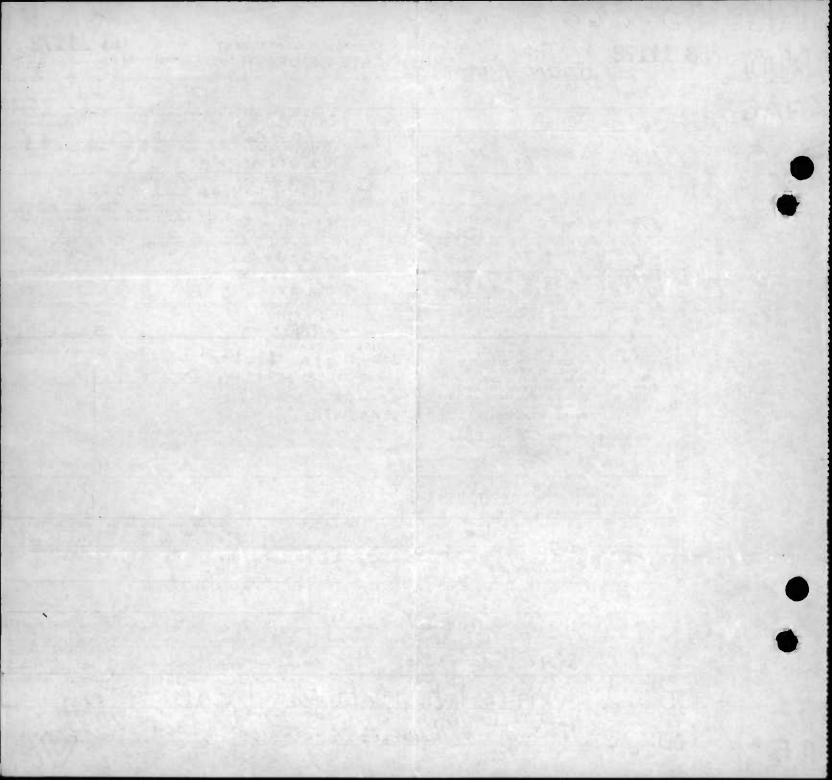
The	BI	111.70	BALTIMORE CITY HE CERTIFICATE		Registered No. 3 11170			
	1. (T	NAME OF DECEASED 3.		2. D	ATE OF			
lied		OSCAR LEONARI		DE	ATH Dec. 17, 1953			
ddr	A.	Baltimore City, Maryland	Baltimore, Md.	A. STATE	3. COUNTY before admission)			
should be carefully supplied.	H	FULL NAME OF (If not in hospital of OSPITAL OR ISTITUTION	or institution, give street address or location)	c. CITY OR TOWN (If outside	corporate limits, write HULAL and give			
full		St. Agnes Hospital		Baltimore	LO ( township)			
are	4	-0	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)				
l le		Length of stay in Baltimore  SEX [6.COLOR OR RACE] 7	61 vrs. Days	4628 Manordene Rd.	GE (In years If Under 1 Year   If Under 24 Hours			
and b		ale White	WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AC las	st birthday) Months Days Hours Min.			
shou	10		OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign c	ountry) 12. CITIZEN OF WHAT COUNTRY?			
on s		Ball Chemical Co.	1 ALCOSIKI	Maryland	U.S.A.			
r ath	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
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Every write th		heart failure, asthenia, etc. It means injury or complication which caus	the disease,	amoid & Berforat	11/11/23			
		ANTECEDENT CAUSES						
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	U.	19A. DATE OF OPERATION , 19B.	CONDITION FOR WHICH OP		AS RELATED TO 20. AUTOPSY?			
WITH rtant.	AL	15/5/07	S PERFORMED DOSTINE		TII YES NO			
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TE		deceased alive on 12 17 33:	19, and that death occur	red at 103 Am., from the can	ses and on the date stated above.			
'RI'		23A. SIGNATURE	110.7	ADDRESS	hit   23c. DATE SIGNED			
age	24	4A. BURIAL. CREMA- 248. PATE	24C NAME OF CENETER	RY OR CREMATORY 245. LOCAT	ON (City, town, or county) (State)			
PLEASE WRITE	TIC	Durial (Specify)	1/53 20 otin	oce tational	Balto. Ml.			
LE	D	ATE RECEIVED BY REGISTRAR'S	SIGNATURE MALLA	25 FUNERAL DIRECTOR	ADDRESS			
A 00	l n	DCAL REGISTRAR	184	Horry N. auto	2,41016 Imondson			
		VS 150		10	aue.			
	1		695	4 R	out.			



	The
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The e is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESE	UNFADING INK. Physicians: please
	WRITE PLAINLY, WITH e is especially important.

	15-430				
The	53 11171 FURTH NO.	CERTIFICATE		Registered No.	,11171
	1. NAME OF DECEASED (Type or Print) HELEN 5	BLLWOOD		2. DATE OF DEATH	18/5-3
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution: residence before (dmission)
ully .	B. FULL NAME OF (If not in hospital or INSTITUTION Mercy Hospit	or institution, give street address or location)	2 1-1:	outside corporate limits,	vrite RURAL and give townshlp)
carefully legibly.	c. Length of stay in Baltimore	four mon ths Mos.	D. STREET ADDRESS (IST	ural, give location)	
ld be		SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years   Win	les I Year H Under 24 Hours has Days Hours Min.
n shou	work done during most of working life, even if retired)		11. BIRTHPLACE (State or for	reign country)	WHAT COUNTRY?
VDING information should be s of death clearly and l	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	THE REAL PROPERTY.
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or (inknown)) (If yes, give war or dates of	SECURITY NO.	17. INFORMANT		RESS
RESERVED FOR INK. Every item please write the car	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of cheart fallure, asthenia, etc. It means injury or complication which cause  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST	CAUSE O RECTLY dying, e.g., the disease, seed death.)  DUE TO  (B)  NY, GIVING ATING THE DUE TO	Mrs. Raymond J. I F DEATH inomatosic nome of over	ory .	INTERVAL BETWEEN ONSET AND DEATH
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hed	19A. DATE OF OPERATION 19B	CONDITION FOR WHICH OPES PERFORMED declar	chor PART I O	TION WAS RELATED TO F DEATH, ENTER IN R PART II	20. AUTOPSY?
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	2 IB. PLACE OF INJURY (e. ubout home, farm, factory, street, office bi		If in Baltimore City, gi	ve exact location)
PLEASE WRITE PLAINLY, correct age is especially impo	21D TIME (Month) (Day) (Year) (HOF INJURY	our) 21E. INJURY OCCURRED  WHILE AT NOT WHILE  MORK AT WORK		URY OCCUR?	
lE PI especie	22. I hereby certify that I attended deceased alive on 12/17	ded the deceased from	2/10, 1953 to ed at 8 42 m., from th	14/18, 1953, ne causes and on the	that I last saw the date stated above.
WRIT	23A SIGNATURE Palmi	caus M.D.	Merony Hosp	italue	23c. DATE SIGNED
ASE ect ag	24A. DURIAL, CREMA- TION, REMOVAL (Specify)  Burial  Dec. 23.	24c. NAME OF CEMETER 1953 Lingrove Cemet		ley, Colorado	
PLE	DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR	SIGNATURE MAN	ohn O. Mitchell &		OO Eutaw
	VS 150			)	Place





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N U. S. ARMED FORCES?	16, SOCIAL SECURITY NO.	CHINEDRMANT (	Home &	HOSPITOL
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NDITIONS, IF ANY, GIVI E CAUSE (A) STATING T INDITION LAST.	NG			
II CANT CONDITIONS CO DEATH, BUT NOT RELAT OR CONDITION CAUSING	ED SAM	cho prum	nomia	3 waln
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	ACE OF INJURY (e. g., farm, factory, etreet, office bldg.,			City, give exact location)
(Day) (Year) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK		NJURY OCCUR?	
y that I attended the	e deceased from 11 and that death occu	rred at 9: 40 Pm., f		1953, that I last saw the lon the date stated above.
7. Jaw		Lund Ha	mex Hoge	29 12/18/50
24B. DATE	24c. NAME OF CEMETE	ERY OR CREMATORY	24b. LOCATION (City	
12/21/53	Woodlawn Ce	7		wn, Md,
REGISTRAR'S SIGNAT	Walliame, M	28. FUNERAL DIREC	icknes	ADDRESS
0			Back	0.17, md.

Dec. 18, 1953

If Under 1 Year

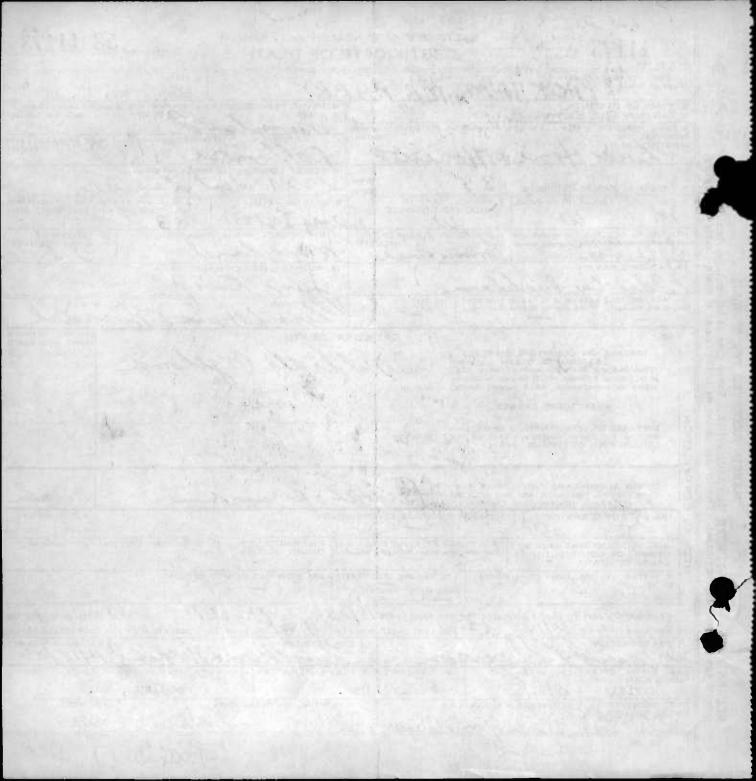
12. CITIZEN OF

before admission)

If Under 24 Hours

Hours Min.

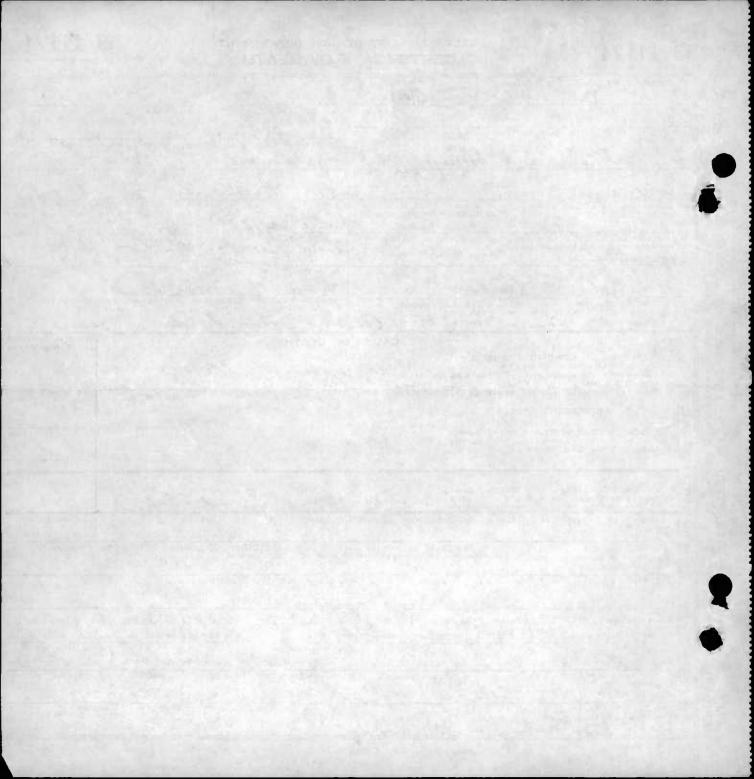
WHAT COUNTRY



53 11174 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 2. DATE OF LANDON, EMOR DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or location) (If outside corporate fimits, write RURAL and give Yrs. (If rural, give location) Mand ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF 9. AGE (in years) Il Under I Year WIDOWED, DIVORCED (Specify) last birthday) | Months; Days | Hours: Min. married 10A. USUAL OCCUPATION (Givekind of) (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR Mathews & WHAT COUNTRY . 5 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yee, give war or dates of service) Same INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CDN-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, etreet, office hidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from 10/10/53 , to 12 153, 19 , that I last saw the and that death occurred at 12 35 m., from the causes and on the date stated above. 23c. DATE SIGNED 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

25 FUNERAL DIRECTOR

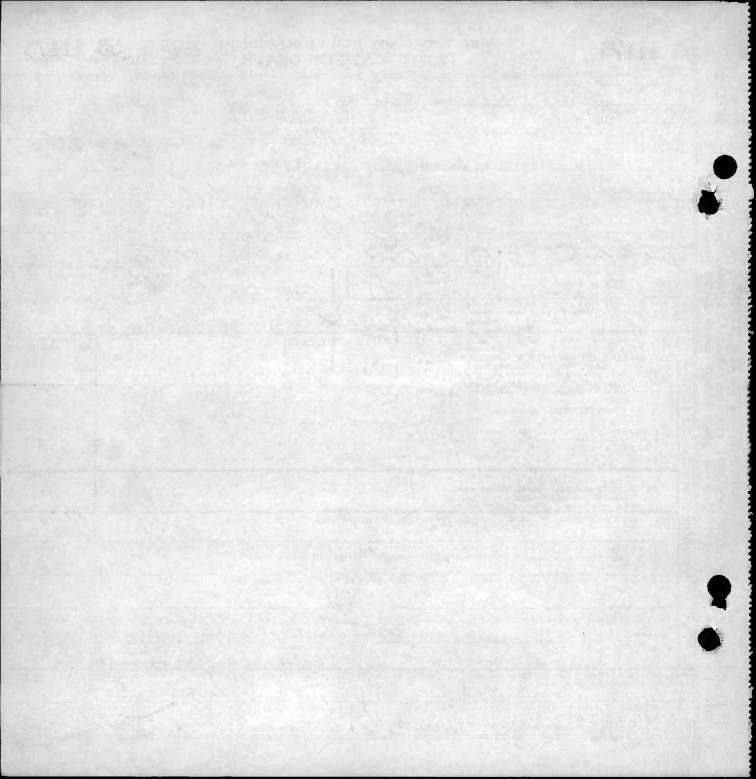
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53 11:	17	5	

1	3 11175	CEPTIEICA	TE OF DEATH	Registered No.	11175
-	BIRTH NO.	CERTIFICA	TE OF DEATH	9	
	1. NAME OF DECEASED (Type or Print) Smith	Newton Frank	clis.	2. DATE OF DEATH 18 De	01953
1	A. Baltimore City, Maryland	-	4. USUAL RESIDENCE (		titution : residence before admission
П	B. FULL NAME OF (If not in ho HOSPITAL OR INSTITUTION	spital or institution, give street addres locati		f outside comorale lin its.	rite NORAL and give
1/2	Il Union Me	morial Hosp.	15a / true one	10	cownstip
11		M	D. STREET ADDRESS (If	rural, give location)	
	c. Length of stay in Baltimor  5. SEX [6. COLOR OR RAD		B. DATE OF BIRTH	9. AGE (In years)    Unde	er I Year   if Under 24 House
	m w	Marrieu .	city) April 9-1879	last birthday) Month	
	10A. USUAL OCCUPATION (Give kir ork done furing fact of working life, even if reti			oreign country) 12	CITIZEN OF, WHAT COUNTRY
	13. FATHER'S NAME	1 // 0/11-0/20	14 MOTHER'S MAIDEN N	NAME, ALL	7 3 7 7
-	15. WAS DECEASED EVER IN U. S. AR	, I	Martha	blitt	
(	Yes, no or unl (own) (If yes, give war or	dates of service)  16. SOCIAL SECURITY NO	17. INFORMANT	Sout 3	2/3 Juille
	18. 331%	CAUS	E OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITIO	N DIRECTLY		•	ONSET AND BEATH
	(This does not mean the mod	de of dying, e. g., (A)	erdiovascular acc	ident	
	heart failure, asthenia, etc. It injury or complication which	th eaused death.) DUE TO			
	ANTECEDENT CA	AUSES			
13	DISEASES OR CONDITIONS	S IF ANY CIVING	teriosclerosis		
i	RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	(A) STATING THE DUE TO			
1	DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION  OTHER SIGNIFICANT COI	(C)			
L					
114	OTHER SIGNIFICANT CONTINUE TRIBUTING TO THE DESEASE OR CONDIT	BUT NOT RELATED			
1	19a. DATE OF OPERATION	198, MAJOR FINDINGS OF OR	PERATION		20. AUTOPSY?
I C	21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. about home, farm, factory, street, office bl	g., in or 21c. WHERE DID (dg.,etc.) INJURY OCCUR?	(If in Baltimore City, give	exact location)
1	21D. TIME (Month) (Day) (You OF INJURY	ear) (Hour) 21E. INJURY OCCU	RRED 21F. HOW DID INJUR	Y OCCUR?	
	or moon!	m. WHILE AT NOT WE AT WO	RK		
	22. I hereby certify that I	attended the deceased from	18 Dec , 1953 to /	PACC , 1957, t	hat I last saw the
		, 1953, and that death oc	curred at 700 pm., from	the causes and on the	date stated above
	23A. SIGNATURE	110-0	23B. ADDRESS	. 111	SC. DATE SIGNED
-	24A. BURIAL, CREMA- 24B. DAT	E 1246 NAME OF CEME		LOCATION (City, town, or	Salic 1953 county) (State)
1	TION AEMOVAL (Specify) Rec	21-1953 Preen H	ell Ber	widh Va	(Oute)
-	DATE RECEIVED BY   REGISTRA	AR'S SIGNATURE	25 FUNERAL DIRECTOR	01 AI	DDRESS

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es of death clearly a	
death	Ш
causes of	
: please write the cause	
please	- The same of the
Physicians:	
ortant.	

PLEASE WRYTE PL Y, WITH UNFADING INK. Every item of information should be can ly supplied. The correct age is pecially important. Physicians: please write the causes of death clearly at gibly. MARGIN RESERVED FOR BINDING

19-460	
53 11176 BIRTH NO. 176	
	5

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered \$3 11176

1. NAME OF DECEASED (Type or Print) CLARA A. SCHUELER						2. DATE OF DEATH De	0.18.1953
a. Baltimore City, Maryland					4. USUAL RESIDENCE (		f institution; residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or				ion, give street address or location)	Md.	at y	
	STITUTION	1.000 Walls Ass		10casion,		if outside corporate in a	ts, write RURAD and give township)
()	0	4209 Kolb Av	enue	37	Baltimore		
				Yrs. Mos.	D. STREET ADDRESS (I		
	Length of s	tay in Baltimore	a cinci	Days	B. DATE OF BIRTH		Williadae I Vann   Williadae OA Dania
1	female	white	widow	E, MARRIED. PED, DIVORCED (Specify)	July 13th,1870	9. AGE (In years last birthday)	If Under 1 Year on the Days Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	housewif		own h		Balto., Md.		USA
	FATHER'S				14. MOTHER'S MAIDEN	NAME	
	August				Catherine Pens	chmidt	
Yei (Yei	, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				none	Mrs. Adelaide L	otz, 4209 Kol	b Ave.
	18. 44	3× 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	0	0 1 11	17	2 0
	(This does	LEADING TO DEAT	f dying, e. g	., (A) Level	ral Hemost	Cagl.	3 days
	injury or	are, asthonia, etc. It mea complication which c	ns the discas aused death	e, .) DUE TO		1	
		ANTECEDENT CAUS	FS	0 0.	1	, , , ,	104
z				(B) Cartin	- Vaccular Hys	extensing Alex	easy Hylans
2	DISEASE RISE TO T	S OR CONDITIONS, II	ANY, GIVIN	IG DUE TO	1 . 2		
RTIFICATION	UNDERL	YING CONDITION LA	ST.	100 UNX	Ques levisi		14 Merry
12	-			(0)			f f
Ē	OTHER 6	II SIGNIFICANT CONDI	TIONS				
ER	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
U		DE OPERATION   1		FINDINGS OF OPER	ATION		L 20 AUTODOVI
님	ISA. DATE	OF GERATION O	JB. MAJOR	FINDINGS OF OFER	ATTON		20. AUTOPSY?
S	21A. ACCIE	ENT WAS UNDER-	21B. PLA	ACE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City,	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.					to.) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 OF INJURY WHILE AT NOT WHILE					ED 21F. HOW DID INJU	RY OCCUR?	
			m.				
	22. I hereby certify that I attended the deceased from March 10, 1939, to Dec, 18, 1953, that I last saw the						3, that I last saw the
deceased alive on Sec. 17, 1953. and that death occurred at 2: 11 A. m., from the causes and on the d							
	23A. SIGNATURE   23B. ADDRESS   23C. DATE SIGNED						
	Micka	of J. Daus	ek.	м. р. 1	-636 Belsin P	took	12/18/53
24A. BURIAL, CREMA/ 24B. DATE 24C. NAME OF CEMETER					RY OR CREMATORY 24D.	LOCATION (City, town	n, or county) / (State)
burial Dec. 21,1953 Oak Lawn Ceme					tery Ba	lto., Md.	
D	ATE RECEIVE		S SIGNATL		25 FUNERAL DIRECTOR		ADDRESS
LOCAL REGISTRAR Tunituration Voluments					Larely Fee	real Ham 71	Ol Belair Rd.
124	VC 150		0				

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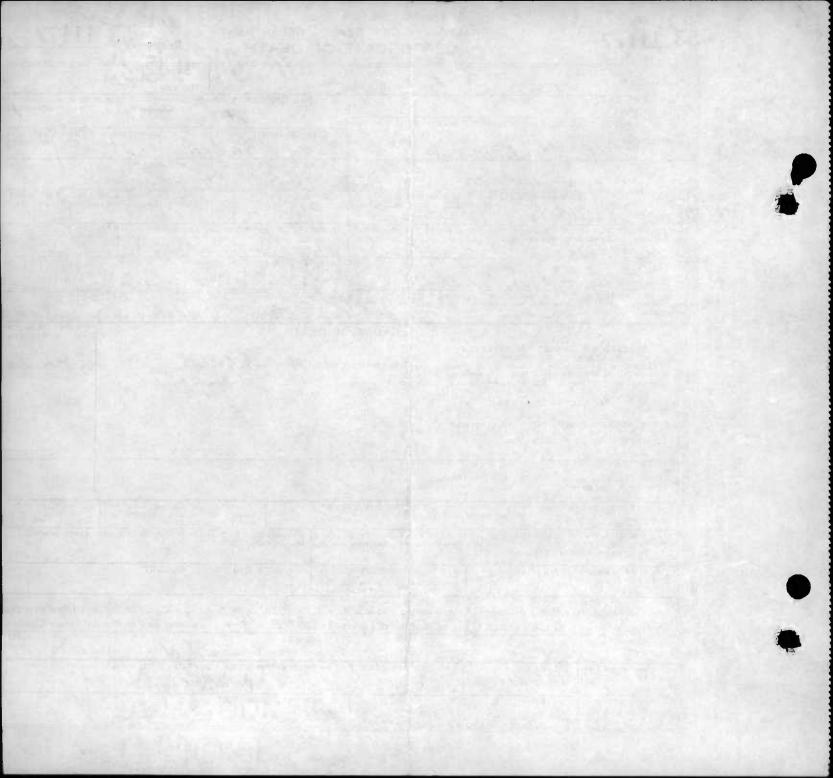
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# 9-425

### BALTIMORE CITY HEALTH DEPARTMENT

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Registered	110-				i

o TITI	/		CERTIFICATI	E OF DEA	TH R	legistered No.	Just de la
BIRTH NO.							
1. NAME OF D (Type or Print)	Vane	C	Olsson			THY/8/5.	3 /140
3. PLACE OF D	city, Maryland			4. USUAL RES	DENCE (Where dec	eased lived. If inst	titution : residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	01		ion, give street address or location)	c. CITY OR TOV	VN (If outside o	orporat limita w	rite R DAL and giv
15.	51 Stone	ENGO			1salto	11	0
c. Length of s	tay in Baltimore		Yrs. Mos. Davs	D. STREET ADD	RESS (If rural, give		Rd.
5-SEX	6. COLOR OR RACE	7. SINGLE	E-MARRIED, (ED, DIVORCED (Specify)	8. DATE OF BIF	Loon last	hirthday) Month	of I Year H Under 24 Hours B Days Hours Min.
EMALE	CUPATION (Give kind of	W	OF BUSINESS OR	11 DIDTHDI AC	E (State or foreign co	o G	. CITIZEN OF
ork done during most o	CUPATION (Give kind of fred in the control of working life, even if retired)		INDUSTRY	Louge	Poland G	to XI	WHAT COUNTRY
13. FATHER'S				14. MOTHER'S	MAIDEN NAME	7	
ca	neund I	· Ju	thrice	. Un	na M.	Mulle	1
15. WAS DECEASI Yes, no or unknown)	D EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	INFORMANT		ADD	RESS
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18. 170	Χ.		CAUSE	OF DEATH			INTERVAL BETWEE
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heart failu injury or	re, asthenia, etc. It mea complication which	ins the diseas caused death	se, a.) DUE TO	/	(Inope	able.)	
	ANTECEDENT CAUS	SFS					
Z	ATTENDED BY THE PROPERTY OF TH		(B)		******		
	OR CONDITIONS, I HE ABOVE CAUSE (A)						
UNDERLY	ING CONDITION L	AST.	(c)				* *************************************
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OTHER SIG	II INIFICANT CONDITIONS			/			
U DISEASE C	DEATH BUT NOT		O THE				
	F OPERATION _   1	198. CONDI WAS PERFO			CAUSE OF DEAT PART I OR PART	TH. ENTER IN	20. AUTOPSY?
OR CONTRIE	ENT WAS UNDERLY BUTING CAUSE OF	F about	B. PLACE OF INJURY ( home, farm, factory, street, office	(e. g., in or 21C. Who bidg., etc.)	HERE DID (If in B	altimore City, giv	ve exact location)
5	Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HO	W DID INJURY O	CCUR?	
OF INJURY	(July) (Leat)	m.	WHILE AT NOT WHI	LE			
22. I hereh	y certify that I at	tended the	deceased from Ho	v. 15, 19	53, to Dec.	18, 1953,	that I last saw th
deceased a	live on bec.	181953	and that death occu	rred at 11.40 P	m., from the caus	ses and on the	date stated abov
23A. SIGNA				23B. ADDRESS		(1	23c. DATE SIGNE
tu	ule H. C	Endes	M. D.		Calvert (	0	rec. 19, 5-3
24A. BURIAL.	CREMA: 24B. DATE	1-	24c. NAME OF CEMETE	RY OR CREMATO	RY 24D. LOCATIO	ON (City, town, or	county) (State
Kemon	26 7191	43	Mt, 2	tope	VESTERS	20/24 6	1.4.
DATE RECEIVE		'S SIGNAT	URE	25. FUNERAL I	DIRECTOR	, A	DDRESS
LOCAL REGIST	نه سلم الانان	+	VIII alla Ma	WITT CONK	Jen 1219	1 54 13	e st.



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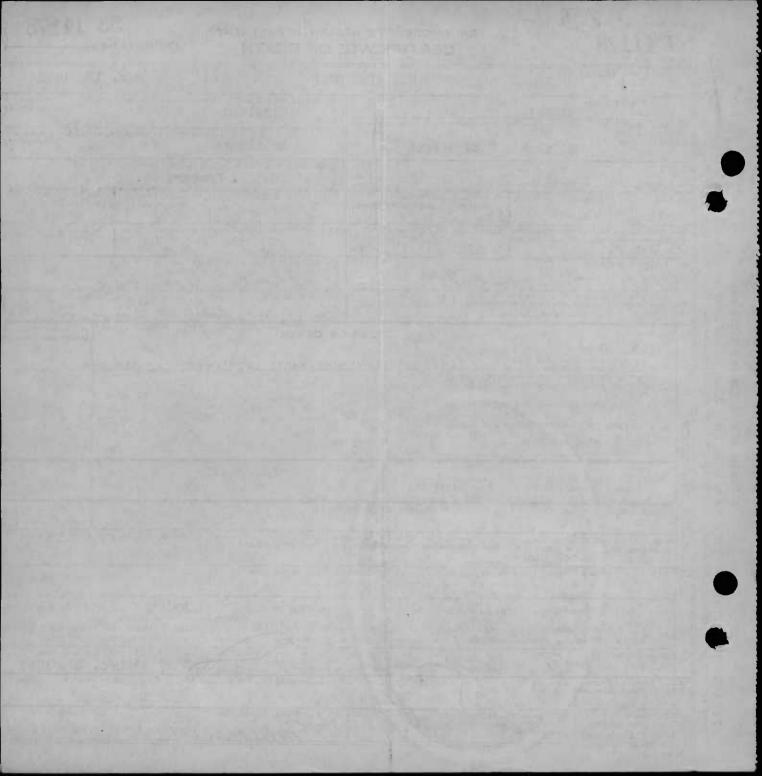
BIRTH NO.  1. NAME O (Type or Pri  3. PLACE C A. Baltimo
c. Length
Male  10A. USUAL  Workgone during  // Act / 13. FATHER
15. WAS DEC

## CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 2. DATE DECEASED Dec. 18, 1953 RINGSDORF CHARLES OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence DEATH: A. STATE Maryland e City, Maryland (If not in hospital or institution, give street address or OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore township) Baltimore City Morgue Yrs. o. STREET ADDRESS (If rural, give location) Mos. 1835 W. Lombard St. of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) White 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY? nest of working life, even if retired) i'ou 'S NAME 14. MOTHER'S MAIDEN NAME EASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Arteriosclerotic cardiovascular disease heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  $\bar{0}$ 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION CA 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (o. g., in or about home, farm, factory, street, office bldg., etc.) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. INJURY OCCUR? ā UTING T CAUSE OF DEATH. ME 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK partial autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🕏 accident □, suicide □, homicide □, undetermined □. 23B, CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OF CREMATORY 24A BURIAL, GREMA TION REMOVAL (Specify 24B DATE 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

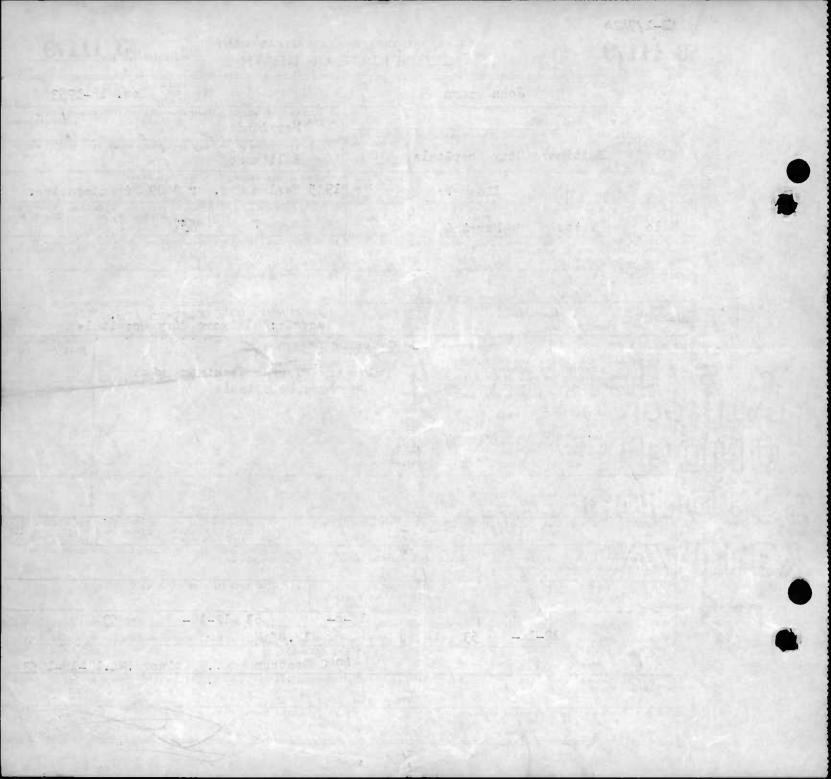
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### BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.				\.L \.	EATH	Registered 1	
1. (T	NAME OF I	DECEASED	John Ozma	an			DEATH	18-1953
A.	PLACE OF I Baltimore	City, Maryland	pital or institut	tion, give street addre	A. STATE	RESIDENCE (Varyland	Where deceased lived, If B. COUNTY	institution, residence before admission
HO	SPITAL OR STITUTION	Paltimore (		loca	c. CITY O	R TOWN (If altimore	outside cor orate limi	s, write RURAL and a townsh
c.	Length of	stay in Baltimore	12days	T h			rural, give location) or 2029 Edm	ondson Ave.
	sex Male	White	7. SINGL WIDOV Marri	e, married, ved, divorced (s <sub>r</sub>	ecify) 8. DATE O	F BIRTH	9. AGE (In years last birthday)	it Under 1 Year on this Days Hours M
worl	done during mos	CCUPATION (Give kin tof working life, even If retir	Balto	OF BUSINESS OF INDUS		PLACE (State or for	oreign country)	12. CITIZEN OF WHAT COUNTS
13	. FATHER'S	Vota (	)·2ma1	.,	14. MOTH	ER'S MAIDEN N	omas	
15 (Yes	. WAS DECEA	ED EVER IN U. S. ARI	MED FORCES?	16. SOCIAL SECURITY N	17. INFOR	MANT 4940 is:Baltimo	Eastern Ave	DDRESS
		X		CAU	SE OF DEAT	Н		ONSET AND DEA
	(This do	LEADING TO DI s not mean the mod ure, asthenia, etc. It r complication which	EATH e of dying, e.: neans the diseas	g., (A) Pul	monary Ple		inoma with	
CATION	(This do heart fail injury of DISEASI	LEADING TO DI	EATH e of dying, e.; eans the diseas caused death USES G. IF ANY, GIVII A) STATING TI	g., (A) Pul ge, h.) DUE TO	Cerebral )		inoma with	
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CERTIFICATIO	(This do heart fail in jury of the property of	LEADING TO DI se not mean the mod ure, asthenia, etc. It r complication which ANTECEDENT CA ES OR CONDITIONS THE ABOVE CAUSE ( YING CONDITION  II GNIFICANT CONDITION DEATH BUT NO	e of dying, e. neans the disease a caused death  USES  IF ANY, GIVII A) STATING TI LAST.  NS CONTRIBIT RELATED TO ING IT.  19B. COND WAS PERFO	g, (A) Pul se, b) DUE TO  (B)  NG HE DUE TO  (C)  UTING O THE  ITION FOR WHICH  DRMED	Cerebral )	Metastasis	Inoma with  TION WAS RELATED TO F DEATH, ENTER DOF PART II	IN C
ERTIFICATIO	(This don heart fail in jury of the service of the	LEADING TO DI s not mean the mo ure, asthenia, etc. It r complication which ANTECEDENT CA ES OR CONDITIONS THE ABOVE CAUSE ( YING CONDITION  II GNIFICANT CONDITION OR CONDITION TO CONDITION OR CONDITION CAUS	e of dying, e.; neans the disease a caused death  USES  IF ANY, GIVII A) STATING TI LAST.  NS CONTRIBI RELATED TO ING IT.  19B. COND WAS PERFO  YING 218 Bebout	g, (A) Pul se, (B)	Cerebral )  H OPERATION  RY (e.g., in or 21	etastasis	TION WAS RELATED	IN YES NO
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WE'TE PI LY, WITH UNFADING INK. Every item of information should be outly supplied. The	specialry
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Registered No. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Harriett B. Harmon 12-17-53 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION township! 1234 Etting St. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Life Days 1234 Etting St. 9. AGE (In years) 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 6. COLOR OR RACE last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10-17-87 66 Female Negro Widow 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Domestic Private family Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Alexander Cole Henrietta Kev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Hilda Hough, 2411 Druidhill Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A, DATE OF OPERATION EDICA (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE 1933 to 12 17- , 1933 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 12 : 17- 1953, and that death occurred at 7 2 m., from the eauses and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 238. ADDRESS PLEASE W 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-24B. DATE TION. REMOVAL (Specify) 12/21/53 Arbutus Memorial Park Balto. County, Md. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Charles R. Law, 802 Madison Ave. VS 150

720 PA

MATCHER & STREET TWA STEINING CARS, SMOT WILLIAM our descript the grown of military to

53 11181 Registered No. OF DEATH D before admission) B. COUNTY (If outside corporate limits, write RURAL and give (If rural, give location) 9. AGE (In years If Under If Under 24 Hours last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS

INTERVAL BETWEEN

20. AUTOPSY

I that I last saw the

ONSET AND DEATH

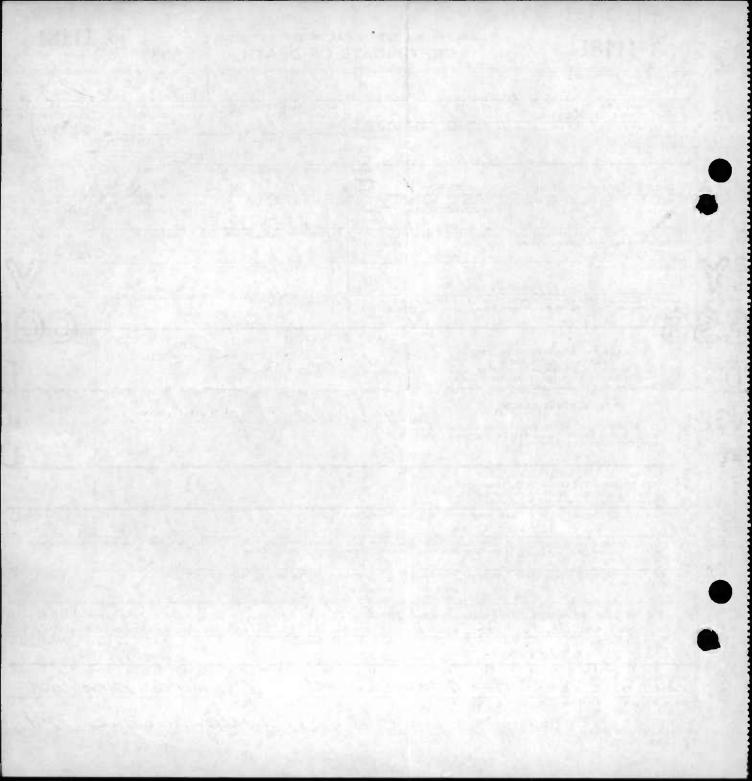
YES NO (If in Baltimore City, give exact location)

24D. LOCATION (City, town, or county)

194

ARROLLO.

ADDRESS



## CERTIFICATE OF DEATH Registered No. 11182

The		RTH NO.			CERTIFICATI	L OF DEA				
	1.	NAME OF D	Louis Washi	ngton A	tkins			2. DATE OF DEATH	c. 19,1953	
ıpplie	Α.	. PLACE OF DEATH: . Baltimore City, Maryland				4. USUAL RES	IDENCE (W		If institution : residence before admiss	
should be carefully supplied. early and legibly.	HC	FULL NAME OSPITAL OR STITUTION	USPHS Hospit Wyman Park	tal	on, give street address or location) Street	c. CITY OR TOV		outside corporate lir	nits, write RURAL and towns	
caref	c.	Length of s	tav in Baltimore	61	yrs. Mos. Days		ossuth	rural, give location) St.		
and l	- 1	sex lale	6.COLOR OR RACE	WIDOW	. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIE		9. AGE (in years last birthday)	If Under 1 Year H Under 24 Months Days Hours N	Soura Iin.
n shou	10 work	A. USUAL OC.	CUPATION (Give kind of f working life, even if retired)	19000000000	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC		reign country)	12. CITIZEN OF WHAT COUNT	RY7
NDING information s of death cle	13	. FATHER'S 1				14. MOTHER'S			1 002	
R BINDING em of inform causes of de	15 (Yes	, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT		sp., Balto.	ADDRESS 11, Md.	==
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cal	TIFICATION	(This does heart failu injury or DISEASE RISE TO TUNDERLY	DE OR CONDITION LEADING TO DEAT not mean the mode ore, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) (ING CONDITION LA	FH f dying, e. g ns the disease aused death. ES F ANY, GIVIN STATING TH	(B) Saladiclarke	ernoma	tosis giden	no. S Jary	any 2 + you	h.
H	L CERTI	TO THE		RELATED TO	TION FOR WHICH OF	PERATION	CAUSE O	TION WAS RELATED		<del>,                                    </del>
ILY, WITH important.	EDICA	OR CONTRI	ENT WAS UNDERLYING CAUSE OF	about	. PLACE OF INJURY ( home, farm, factory, street, office		HERE DID (	OR PART II If in Baltimore Cl	ty, give exact location)	
	2	21D. TIME OF INJURY	Month) (Day) (Ycar)	(Hour) 2	WHILE AT NOT WHILE AT WORK AT WOR	LE	M DID INJ	URY OCCUR?		
TE PLAIN especially		deceased a	y certify that I att live on 12/19	tended the 19 53,	and that death occur	2/14 , 19 rred at <b>5:55A</b> 238. ADDRESS	53, to m., from th	<b>12/19</b> , 19 he causes and or	153that I last saw the date stated ab	ove.
E WRITE	24	A, BURIAL,	Ary CREMA- 248. DATE	wills	7/1 11	USPHS Hosp		ocation (City, to	12/19/53	
PLEASE correct ag	A D	SUPIA ATE RECEIVE	D BY   REGISTRAR		Loudon	PARK 25. FUNERAL I	BA	LTIMOR	E Md.	,
£ 3	1	FC 2010 VS 150	53 + +	ton 1	Salasun, Par	GEORGE	- L. Sei	hwab 21	OF PREDERIC	K

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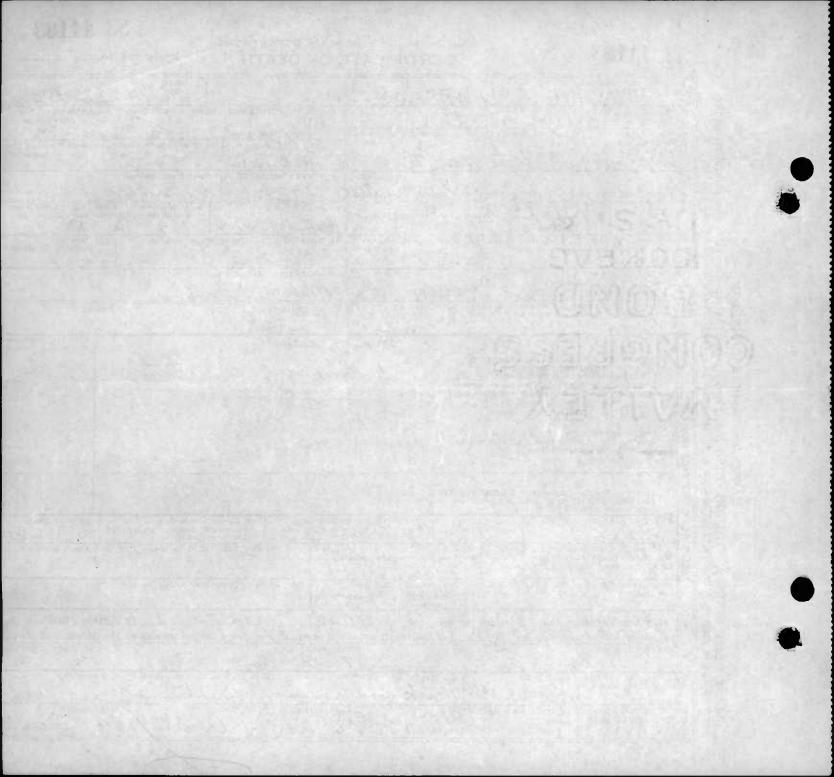
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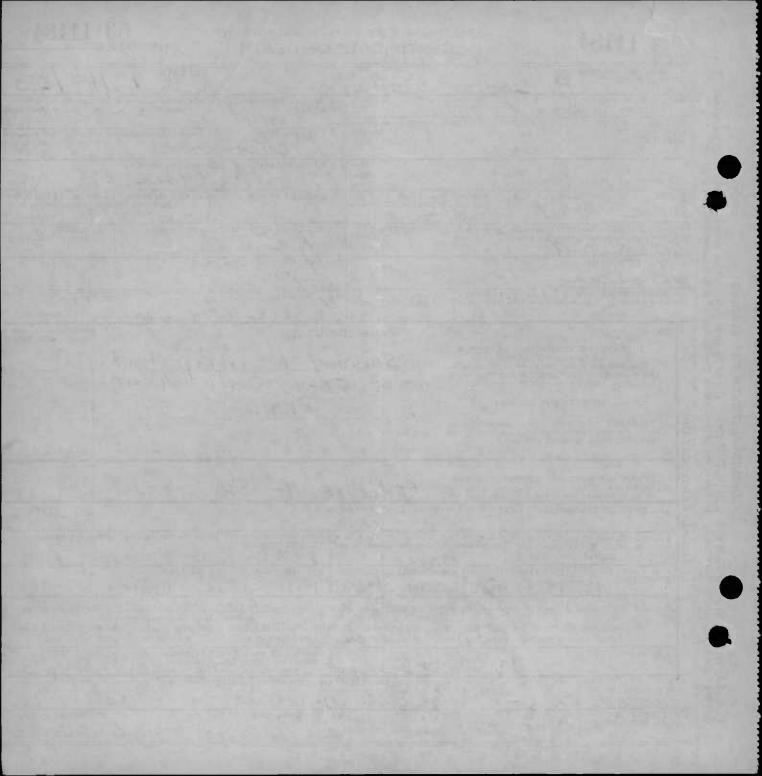
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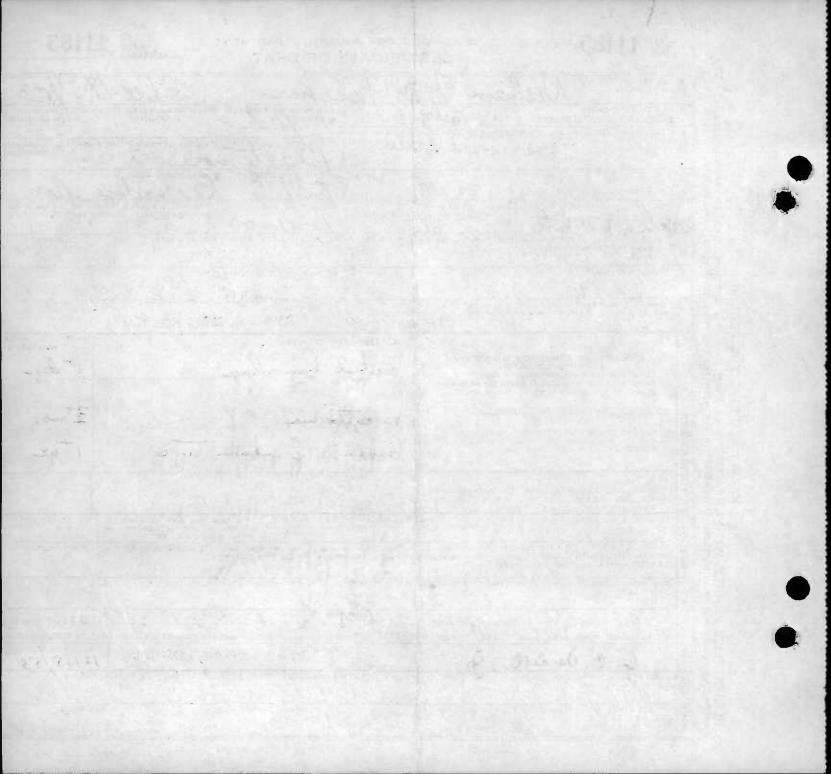
CERTIFICATE OF DEATH

53 11183

CERTIFICATE OF DEATH	gistered No.
Type or Print) A A D	Jee. 17 1002
3. PLACE OF DEATH: A. Baltimore City, Maryland Boltonere A. STATE  4. USUAL RESIDENCE (Where decea	sed lived. If institution; residence QUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR (DWN (If outside cor INSTITUTION)  C. CITY OR (DWN)	rporate limits, write RURAL and give township)
HOSPITAL OR INSTITUTION (If outside cor Ballmore Born & level in Ballmore 3404 Calloure C. Length of stay in Baltimore Born & level in Barry 3404 Calloure	
c. Length of stay in Baltimore bown flered w Bard 377 Callows  S. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE  WIDOWED, DIVORCED (Specify)  B. DATE OF BIRTH 9. AGE  last by	(In years   Hunder   Year   Hunder 24 Hours   Arthday)   Months Days   Hours   Min.
S. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign coun	7 2 2
10a. USUAL OCCUPATION (Give kind of work ind of individual individ	Les &
Tawana Pierra Hayes May E. Dollan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 166. SOCIAL 17. INFORMANT	ADDRESS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or nuknown) (If yee, give war or dates of service) SECURITY NO. 18. 174 X CAUSE OF DEATH	
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) Clay Canomac & the selection	INTERVAL BETWEEN ONSET AND DEATH
	us 13 fm.
ANTECEDENT CAUSES	
UNDERLYING CONDITION LAST.  (C)  UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE	
TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING IT.  UNDERCYTOR CONDITION CAUSING  OTHER SIGNIFICANT CONDITION CONTRIBUTING  OTHER SIGNIFICANT CONDITION CAUSING IT.	
THE CONTRACTION THE CONTRACT OF THE OPERATION WAS DEPENDENT OF THE OPERATION WAS DEPENDENT OF THE OPERATION WAS DEPENDENT OF THE OPERATION OF	ENTER IN YES NO D
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (Se., is or 21c. WHERE DID (If in Balt on Contributing Cause of about home, farm, factory, street, office bldg., etc.)  DEATH (NOTIFY MEDICAL EXAMINER)	timore City, give exact location)
218. PART I OR PART I OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  218. PLACE OF INJURY (%, if or about home, farm, factory, street, office bidg., etc.)  216. WHERE DID (If in Balt about home, farm, factory, street, office bidg., etc.)  217. TIME (Month) (Day) (Year) (Hour) 218. INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED AT WORK AT	CUR?
22. I hereby certify that I attended the deceased from Nov. 36, 1953 to Dec. 1 deceased alive on Dec. 17, 1953, and that death occurred at 1250 pm., from the causes	, 1933 that I last saw the
23A. SIGNATURE D. 23B. ADDRESS MARL OF	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION	(City, town, or county), (State)
Date RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS







1	1	4. 2-60	HUSEN		
	1.	BALTIMORE CITY HE CERTIFICATI		Registered No.	11186
	1.	NAME OF DECEASED  Prope or Print) HARRY M. HUSE	=P	2. DATE OF DEATH /2//	153
	Α.	PLACE OF DEATH: Baltimore City, Maryland 45061 or 40  FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (What A. STATE		itution: residence before admission)
	HC	SPITAL OR location) STITUTION  LOCATION  AL NURSING HOME		utside corporate limits, w	rite RURAL and give township)
	600	O Yrs.  Length of stay in Baltimore Lefe Mos.  Days	o. STREET ADDRESS Alf ru	ral, give location)	6.
	5.	SEX 6. COLOR OR RACE 7. SINGUE, MARRIED, WIDOWED, DIVORCED (Specify)  Manuel	8. DATE OF BIRTH	9. AGE (In years If Under last birthday) Month	1 Year II Under 24 Hours Days Hours Min.
	work	A. USUAL OCCUPATION (Give kind of floor during most of working life, even if retired)  A. USUAL OCCUPATION (Give kind of floor k	11. BIRTHPLACE (State or fore	eign country)   12	CITIZEN OF WHAT COUNTRY?
	-	FATHER'S NAME. STANGE STANGE	14. MOTHER'S MAIDEN NAM	ME . mhand	1
	15. (Yes,	. WAS DECEASED EVER IN U. S. ARMED FORCES? , oo or unknown) (If you, give war or dates of cervice) 16. SOCIAL SECURITY NO.	17. INFORMANT  MAS JA SM. G	ADDI	RESS
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	1 +1 0	·	- des
	NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  (B)	posell Oneum	<b>~</b> ~	2 00/0
*	FICAT	UNDERLYING CONDITION LAST. (C)	no delemo.		6m0
	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	AL	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	MEDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death		in Baltimore City, give	exact location)
		210. TIME (Month) (Day) (Year) (Hour)  OF INJURY  MHILE AT NOT WHILE AT WORK  AT WORK		OCCUR?	
		22. I hereby certify that I attended the deceased from deceased align on 12/12, 1955, and that death occur	rred at SA m., from the		hat I last saw the late stated above.
		23A. SIGNATURE M.D. 2	1279 Mllian	~ Vt. 12	3c. DATE SIGNED 2/19/53
	TIO	A. BURIAL, CREMA- N, REMOVAL (Specify)  12 21 53 Catheliae	e och a	Dudine	en
		TE RECEIVED BY CAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	Jane 13/	Physics of the
		VS 150	) ()		1

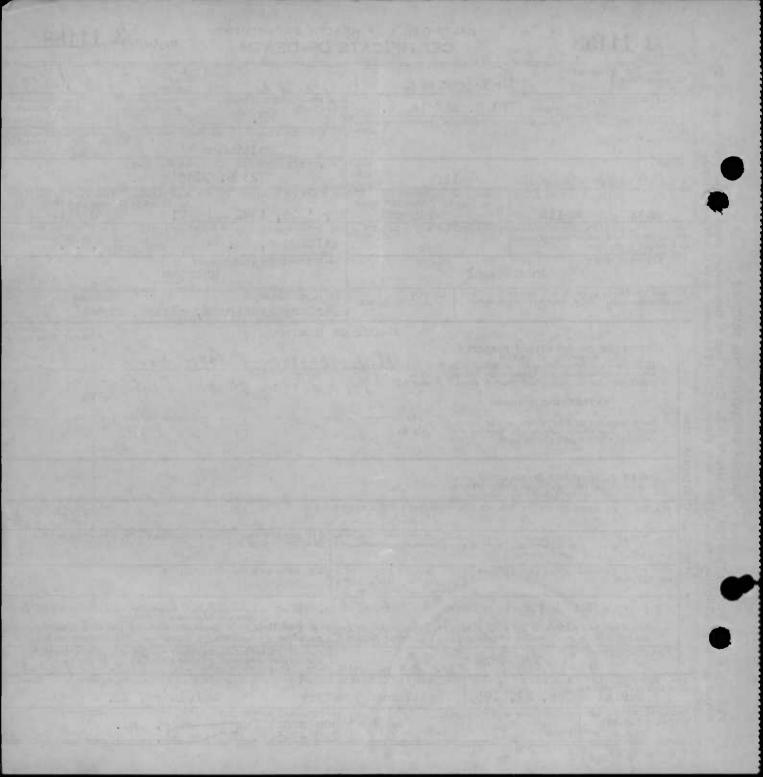
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MANGIN MEDENVED FOR DINDING	PLEASE WITH UNFADING INK. Every item of information should, calcully supplied. The	write the causes of death clearly and	
MANGEN INFORM	UNFADING INK.	Physicians: please	MEDICAL CERTIFICATION
	ALY, WITH	Illy important.	MEDICAL
	PLEASE WR	correct age 18 especia	T - T

1521118/	RE CITY HEALTH DEPA		53 11187
BIRTH NO.  1. NAME OF DECEASED	A	2. DATE OF	1/9/5
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	DEATH  DEATH  DEATH  B. COUNT	
B. FULL NAME OF of not in hospital or institution, give HOSPITAL OR INSTITUTION 246 M. Exetter St	location) c. CITYOR TO	Wy (If outside corporate	limits, write RURAL and g
c. Length of stay in Baltimore 50 yrs.	Mos. 246	M. Weller	Street
Female White Owor	Ced (Specify) 187	2 last birthday	rs It Under 1 Year It Under 24 Ho ) Months Days Hours Mi
work done dwing most of working little ven if retired)  A suscess file of the control of the con	e INDUSTRY Ku	E (State or foreign country)	12. CITIZEN OF WHAT COUNTE
Samuel Burnan	14. MOTHER'S	MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SE	CURITY NO. 77. INFORMAN	Kierr - 2F	4 Suffolk
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DU UNDERLYING CONDITION LAST.	A) TRTERIO SCLI E TO VQSCW/QR E TO	Disease	2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
7	GS OF OPERATION		YES NO
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factor;	NJURY (e. g., in or ,street,office bldg., etc.) 21C. WHERE INJURY OC		ity, give exact location)
S 2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJ WHILE AT WORK	JRY OCCURRED 21F. HOW D	SANDOO VANCAL DIG	
the evidence obtained by said Autopsy, In and death in my opinion resulted from: n	spection or Inquiry, find th	Autopsy, Inspection or Inquat said deceased died of	n the day stated abo
23A. SIGNATURE REFINE	ASSISTANT	MEDICAL EXAMINER   MEDICAL EXAMINER   NVESTIGATOR	23c. DATE SIGNED
24A BURIAL, CREMA- TION REMOVAL (Specify) 12/21/53 Shu	Landi Sur CREMATOR	Battimore	md- (State
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Sel Flyn	ANNIBUR -112	ADDRESS -4-26 W. 1
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1	K-21	40					
В	53 11	188	ВА	CERTIFICAT			1253 No. 11188
1.	NAME OF D		EDW	VARD +	LUZEL	2. DATE OF DEATH	12/18/53
A.		DEATH: City, Maryland 27	23 E.	Biddle St.	A. STATE	B. COUI	lived. If institution: residence NTY before admission
H	FULL NAME OSPITAL OR NSTITUTION	OF 'f not in hospit	al or institu	tion, give street address of location	c. CITY OR TOWN	(If outside corpora	ate limits, write RURAL and gitownshi
	-KU			Yrs.		ltimore ESS (If rural, give loca	tion)
		tay in Baltimore		life Mos. Days		23 E. Biddle S	
5	.sex male	6.COLOR OR RACE		E. MARRIED. WED. DIVORCED (Specify Widowed	April 25, 18	last birthd	ears If Under 1 Year   If Under 24 Hours   Months Days   Hours Mir
wor	DA. USUAL OC k doneduring most tired	CUPATION (Give kind of of working life, even if retired)	10B, KIN	D OF BUSINESS OR INDUSTRY		State or foreign country)	U.S.A. COUNTRY
13	B. FATHER'S		Kuzel		14. MOTHER'S MA	AIDEN NAME unknown	
15 (Ye	5. WAS DECEASI	ED EVER IN U.S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17.INFORMANT Barbara Arm	strong, siste	ADDRESS r, above
RTIFICATION	injury or  DISEASE: RISE TO T	ure, asthonia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	aused deat  ES  F ANY, GIVI	(B)		+ ARTERIO HISART DÍS	EASE
ERTIFI	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED			
O	19a. DATE C	F OPERATION 1	B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G  OR CONTRIB- CAUSE OF DEATH.	218. PL. about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,	in or 21C. WHERE Detc.) INJURY OCCU		City, give exact location)
M	21b. TIME ( OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY OCCUR?	
	22. I certij	fy that I took ehar	ge of the	remains described of	above, held an	INSpection	thereon and from
	and de	ath in my opinion	said Autresulted	opsy, Inspection or a from: natural cause	Inquiry, find that	Autopsy, Idspection or Insaid deceased died suicide [], homicide	on the day stated above $\square$ , undetermined $\square$ .
	23a. SIGNAT	OV	85		I.D. MEDICAL INV	EDICAL EXAMINER EDICAL EXAMINER ESTIGATOR	12/19/13
	on REMOVAL (S Buri	pecify)	1953	Baltimore Ce		Baltimore	
	ATE RECEIVED			William Age	Schimuneki F	Funeral Home, Madison St.	ADDRESS Inc.
V	S 151 W	V 0					



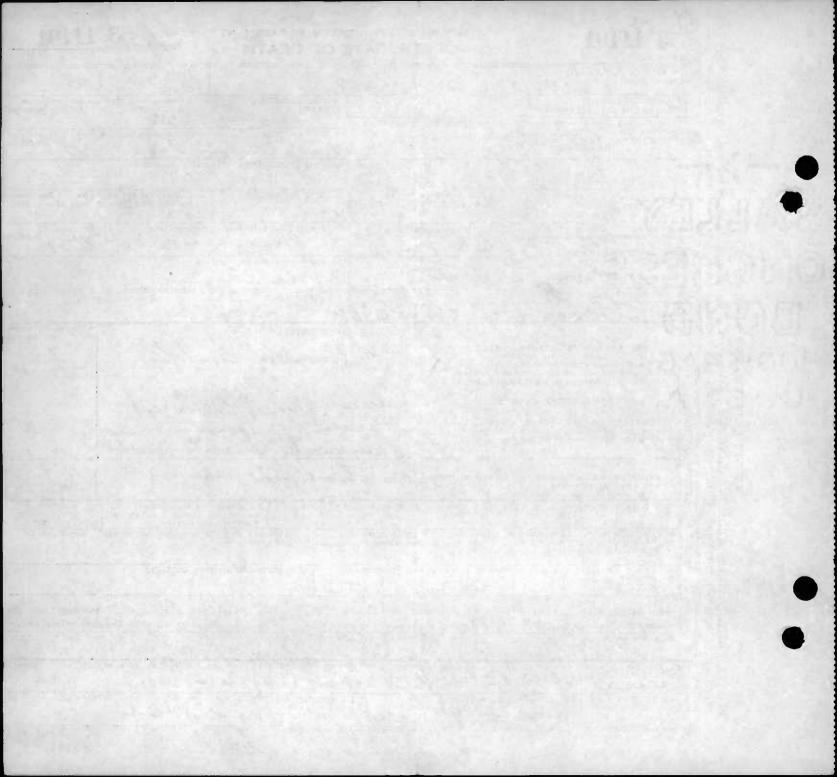
10	40	4	DAL	TIMORE CITY HE	ALTH D	FPARTMENT	X 52	11400
	FO 4.4	200 62-11	1962	CERTIFICATE	E OF D	DEATH	Registered No	71189
	NAME OF D		10				2. DATE	
(T	ype or Print)		lev C.	Celmer, Jr.			OF _	ber_171953
	PLACE OF D				4. USUAL	RESIDENCE (W	Where deceased lived, If in B. COUNTY	
В.	FULL NAME		al or institution	on, give street address or	Mary	land	agaze	anundel
	OSPITAL OR			location)	c. CITY O		outside corporate limits,	write RURAL and give township)
14	1	St.	Joseph'	s Hospital	Balt	timore	rural, give location)	
c.	I anoth of a	tay in Baltimore	5 77	Mos. Days		Edgewater		2-00
	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE C		9. AGE (In years) HU	Index 1 Year H Under 24 Hears the Days Hours Min.
1	Male	White		ED, DIVORCED (Specify)	July 1	18, 1953	last birthday) Mon	the Days Hours Min.
10		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTH	IPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
				, interest in		timore, Mar		U. S.
13	B. FATHER'S	NAME			14. MOTH	ER'S MAIDEN N		NE VINCE IN U
41		ley C. Celmer		16 60614	Lau		wards	
(Ye	s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date		16, SOCIAL SECURITY NO.	17. INFOR	RMANT		DRESS
Causes	1.00	<u> </u>		CALICE	OF DEAT	ay c.c	camer (	Sauce)
	18. 491	SE OR CONDITION	DIRECTIV	CAUSE	OF DEAT			ONSET AND DEATH
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	heart failt	are, asthenia, etc. It mea	ns the disease	e,	•			
MITTER		ANTECEDENT CAUS						
rnysicians: please CERTIFICATION				(B)	***************************************			
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CA CA	GNDERL	TING CONDITION LA	.51.	(C)	V4404			
		11						
ER	TO THE	DEATH BUT NOT	RELATED TO		enterit	tis; Dehyd	lration	
1 0			9B. CONDI	TION FOR WHICH OF		IF OPERA	TION WAS RELATED TO	
AL.			VAS PERFO			PARTI	OF DEATH, ENTER IN	YEB NO A
MEDICAL	OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF	about h	. PLACE OF INJURY ( home, farm, factory, street, office	e. g., in or 2' bldg., etc.) IN	IC. WHERE DID	(II in Baltimore City,	give exact location)
ME		TIFY MEDICAL EXAMINE				In HOW DID IN	HIBY OCCUPS	
11	OF INJURY	(Month) (Day) (Ycar)		WHILE AT NOT WHILE	LE	IF. HOW DID IN.	JUNT OCCURT	
clany			m.	WORK LAT WOR			17	
bec	22. I herel	by certify that I at	tended the		c. 15			, that I last saw the
espe	deceased a	TUDE	_, 19.22,	and that death occur	23B. ADDRE	ESS	ene causes and on th	23C. DATE SIGNED
s Is	201.01017	Carlos For	no P.	м. р.	1400 1	N. Caroline		Dec. 18, 1953
	AA. BURIAL,			24C. NAME OF CEMETE		MATORY 24D. L		or county) (State)
ect	Burial	19.4	1-23	St. Stanisla		1420	lts. md.	
roll	OCAL REGIS		S SIGNATU	RE.	25. FUNE	RAL DIRECTOR	B 1. 1	ADDRESS .
1	JEC 201	(11, 9 1 1 ) marker	ACUTATION	Tourse of the	Chri	stined.	Drugdzusk	~ 1407 Easlery
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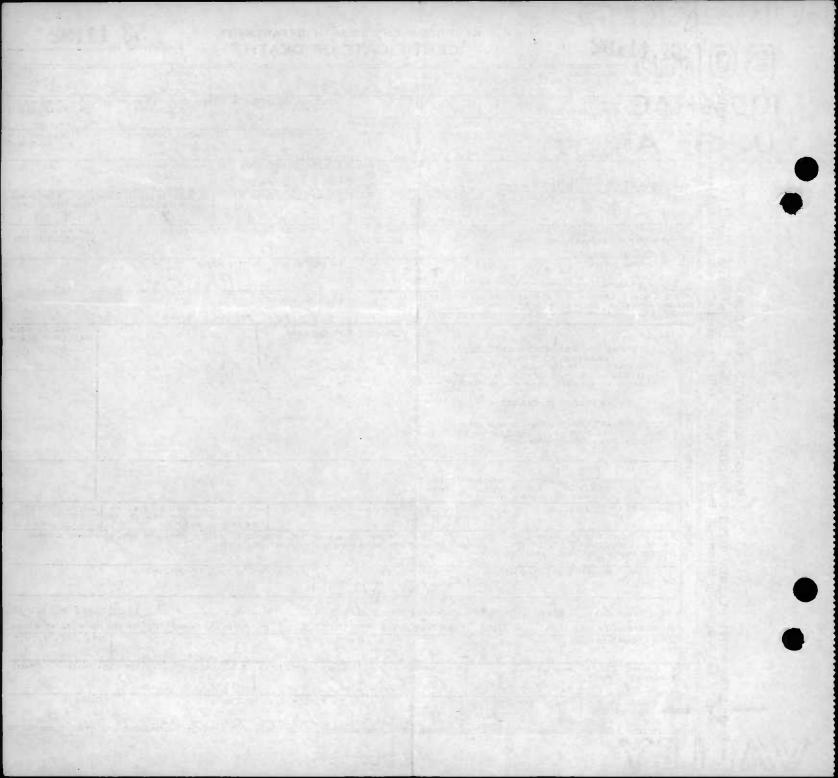
53 11190 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH FRANCIS BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) OF supplied. 12-20-5 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION 19. (If rural, give location) Yrs. c. Length of stay in Baltimore 5 yrs, 3 Ma, 12 da. UT CH MA Days 6. COLOR OR RACE 5. SEX 7, SINGLE, MARRIED AGE (In years last birthday) | Months | Days | Hours | Min. WIDOWED, DIVORCED (Specify) single 10, 1905 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ASS. information NOHE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IYAUQ hTON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give wer or dates of service) (Yes, no or unknown) SECURITY NO. causes 108 E. Price St. - PENNI ONE INTERVAL BETWEEN 18. CAUSE OF DEATH 42011 ONSET AND PEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY mportant. YES DIC 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (c. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, etreet, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! AT WORK Occember 19 18 tos 1953 that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on wee. 19. 1953, and that death occurred at 42, m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR TION, REMOVAL (Specify) Trinceton - N. S. DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE **ADDRESS** LOCAL REGISTRAR instructor ta MOWEN VS 150

B. FULL NAME OF (If not in hospital or institution, give street address or location)  B. FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate limits, write RURA INTO - Lumbulation)  C. Length of stay in Baltimore  34 Mos.  Days  C. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED Days  WIDOW D. DIVORCED (Specify)  WIDOW D. DIVORCED (Specify)  10A. USUAL OCCUPATION (Give kind of Days Hospital or institution)  11 John USUAL OCCUPATION (Give kind of Days Hospital or institution)  12 John D. STREET ADDRESS (If rural, give location)  WIDOW D. DIVORCED (Specify)  13. FA/HER'S MAME  14. MOTHER'S MAIDENNAME  15. WAS DECEASED EVER IN M.S. ARMED FORCES? (Yes, no oxpahanowa) (Hyes, give war or date of service)  16. SOCIAL SECURITY NO.  SEC	-
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DEATH (NOTIFY MEDICAL EXAMINER)	
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22. I hereby certify that I attended the deceased from Acc. 1952, to Accessed, 1952, that I las deceased alive on the date stated at the deceased from the date stated at the deceased alive on the date stated at the deceased from the date stated at the deceased alive on the date stated at the deceased from the date stated at the deceased alive on the date stated at the deceased at the decease at the deceased at the deceas	tated abov
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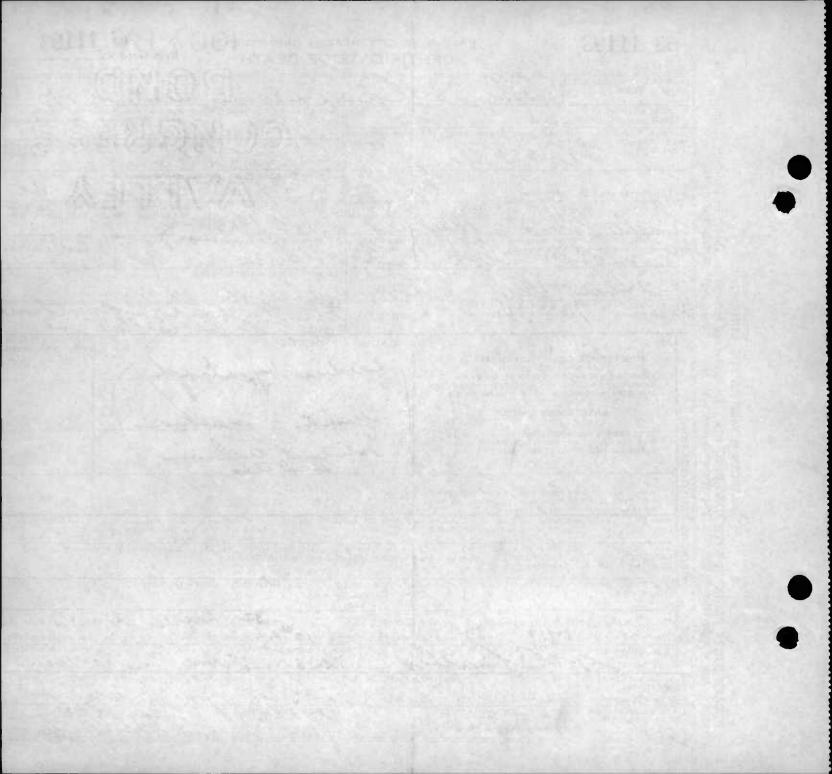


	7	5-100	BALTIMORE CITY HE		ENT 5	} <sub>No.</sub> 11192
The	BH	3 11192	CERTIFICAT	E OF DEATH	Registered	No.
	1. (T	NAME OF DECEASED			2. DATE OF	17-10-57
lied		PLACE OF DEATH:	e D. DeV		DEATH CE (Where deceased lived.	
ddn		Baltimore City, Maryland FULL NAME OF (If not in hospital or in	stitution, give street address or	A. STATE	B. COUNTY	before admission
S >	H	OSPITAL OR	location)		(If outside corporate lin	mits, write RURAL and glv township
eful.	2	University	Hospital		erstown  S (If rural, give location)	
care		Length of stay in Baltimore	Yrs. Mos.	ti'e ala	2	5300
d be carefu and legibly.		SEX   6. COLOR OR RACE   7. SI	NGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year   H Under 24 Hours Months: Days   Hours   Min.
information should be carefully supplied.		F. W.	Married (Specify)	3/18/18	96 57	Months Days Hours Min.
		A. USUAL OCCUPATION (Give kind of 10B. k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
ion	1:3	Housewife		Md.	Tay ayang	
NG rmatic death	13	George U	J. PadgetT	14. MOTHER'S MAID	at '	
RESERVED FOR BIN INK. Every item of please write the causes	15	5. WAS DECEASED EVER IN U.S. ARMED FORCE	ES?   16. SOCIAL	17. INFORMANT	CArist	ADDRESS
	(Ye	(If yes, give war or dates of serv	SECURITY NO.	and the same	M. ColeMAN Re	, /
		18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN
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		(This does not mean the mode of dying heart failure, asthenia, etc. It means the	disease.	ule My	0, c2 r d 1 2 /	2 days
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		UNDERLYING CONDITION LAST.	(C)			
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WITH rtant.	CAL	21A. ACCIDENT WAS UNDERLYING		PA	RT I OR PART II DID (If in Baltimore Ci	YES NO
PLEASE WRITE PLAINLY, WITH	EDIC	OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	sbout home, farm, factory, street, office			
	Σ	21D. TIME (Month) (Day) (Year) (Hour	21E. INJURY OCCURR	ED 21F. HOW D	ID INJURY OCCUR?	
		OF INJURY	m. WHILE AT NOT WHE			
PL, ecia		22. I hereby certify that I attended deceased alive on 12-18, 19. 23A. SIGNATURE	the deceased from 1	2-17,1957,	to 12-1 P , 19	J, that I last saw th
FE		deceased alive on 12-18, 19.	5), and that death occu	rred at 9 Em., f	rom the causes and or	the date stated above
'RI'		23A, SIGNATURE	11	23B. ADDRESS	4 41	23c. DATE SIGNED
age M	2	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE	ERY OR CREMATORY	24D. LOCATION (City, to	wn, or county) (State)
ASI oct	17	Surel 12-21-195	3 Parkwoo	d	Baltimore (	o Md
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Bulley BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEACH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) If outside corporate limits, write RURAL and give C. CITY OR TOWN carefully INSTITUTION legibly Yrs. D. STREET ADDRESS (Larural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Sporty 9. AGE (In years) It Under 1 Year I If Under 24 Hours last birthday) Months Days Hours Min. should clearly 10A. USUAL OCCUPATION (Givekindof) BUSINESS OF or foreign country) 12, CITIZEN OF work doze during most of working life, even if retired) WHAT COUNTRY? information is of death cle 13. FATHER'S NAME MAIDEN NAME BINDING 15. WAS DECEASED EVEN IN U. S. ARMED FORCES? (Yes, no or uoknown) (1) es, give war or date of service) 16. SOCIAL (Yes, no or noknown) SECURITY NO causes of INTERVAL BETWEEN item 434,3 260 CAUSE OF DEATH FOR ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., MARGIN RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE ANTECEDENT CAUSES nink. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ü DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20. AUTOPSY IF OPERATION WAS RELATED TO WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN important. CA PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) ā OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially OF INJURY WHILE AT NOT WHILE WORK AT WORK . 1953 that I last saw the 22. I hereby certify that I attended the deceased from WRITE 1953, and that death occurred at/o.74 m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23c. DATE SIGNED 20 age 24A. BURIAL, CREMA TION REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR 24D. LOCATION (City\_town, or county) PLEASE 602 DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 10110 VS 150



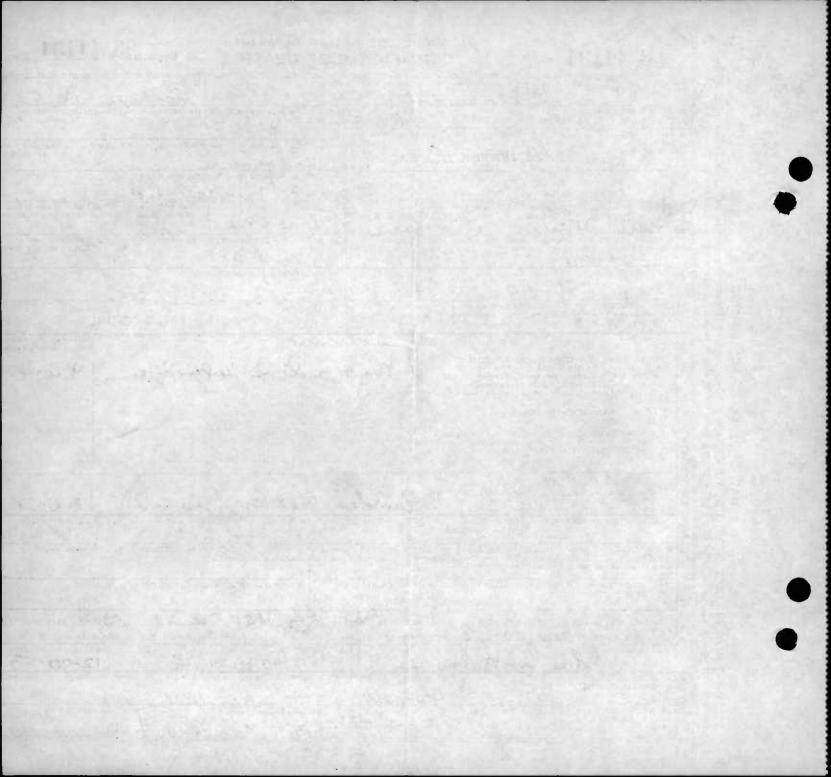
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 11194

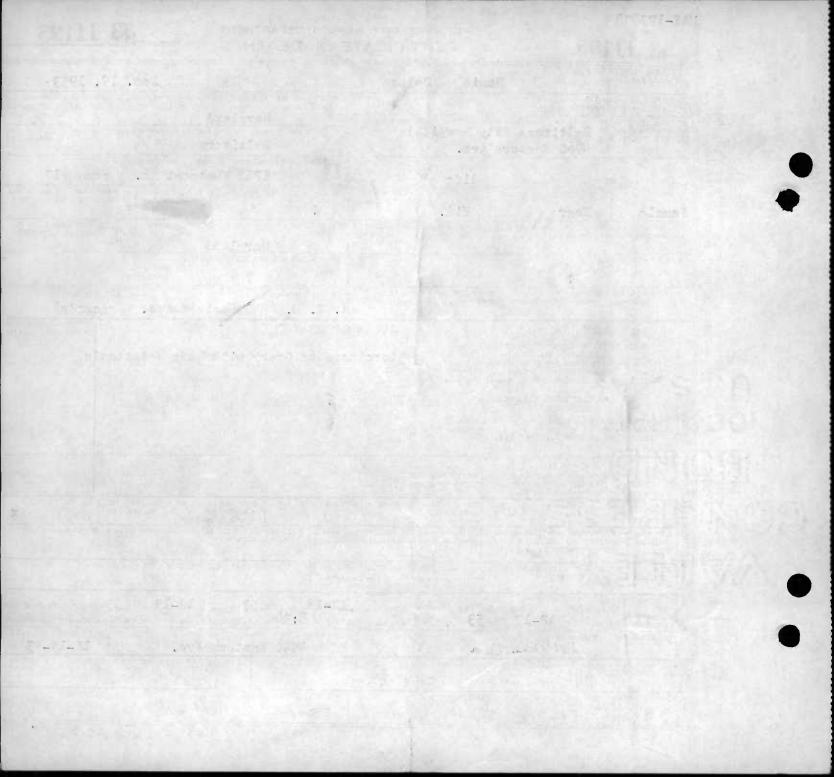
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	1. NAME OF DECEASED	2. DATE
.d.	(Type or Print)	DEATH DEED SO 53
carefully supplied egibly.	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; residence  A. STATE  B. COUNTY  before admission)
ns	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locatio	
14	INICELEURICAL	n) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
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be nd 1	5. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Speci	B. DATE OF BIRTH   9. AGE (in years   H Under I Year   H Under 24 Hours   fy)   last bigthday)   Months   Days   Hours   Min.
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sho	10A. USUAL OCCUPATION (Give kind of work done during most of work done during most of working life, even if retired) INDUSTF	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
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rtio Eh	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IDING information of death cl	DAVID MOORE	LUTTIE PORTOR
DIN nfoi of o	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
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55	U DISEASE OR CONDITION CAUSING IT.	co ogs of brusta 17 mas
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rts	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY OR CONTRIBUTING   CAUSE OF   DEATH (NOTIFY MEDICAL EXAMINER)	(c. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
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RI	23A. SIGNATURE DOLL	23B. ADDRESS 23c. DATE SIGNED
e M	Mu a. Brognes M. D.	JOHNS HOPKINS HOSPITAL 12-20-53
0.6	24A. BURIAL. CREMA 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Special)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
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PLEAS	DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
PI	LOCAL REGISTRAR	013
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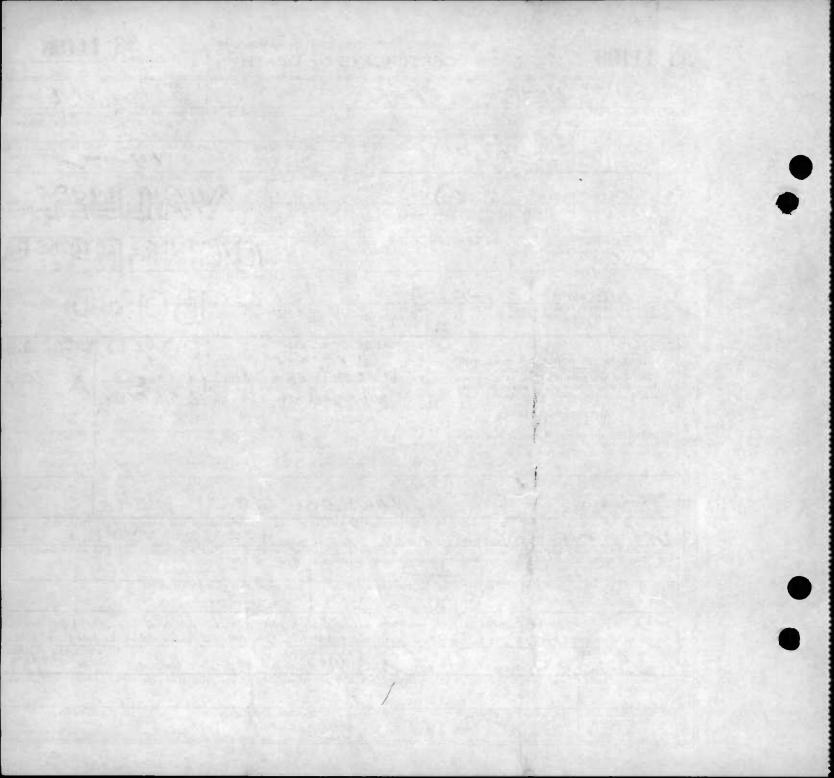
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## CERTIFICATE OF DEATH Registered No. 11195

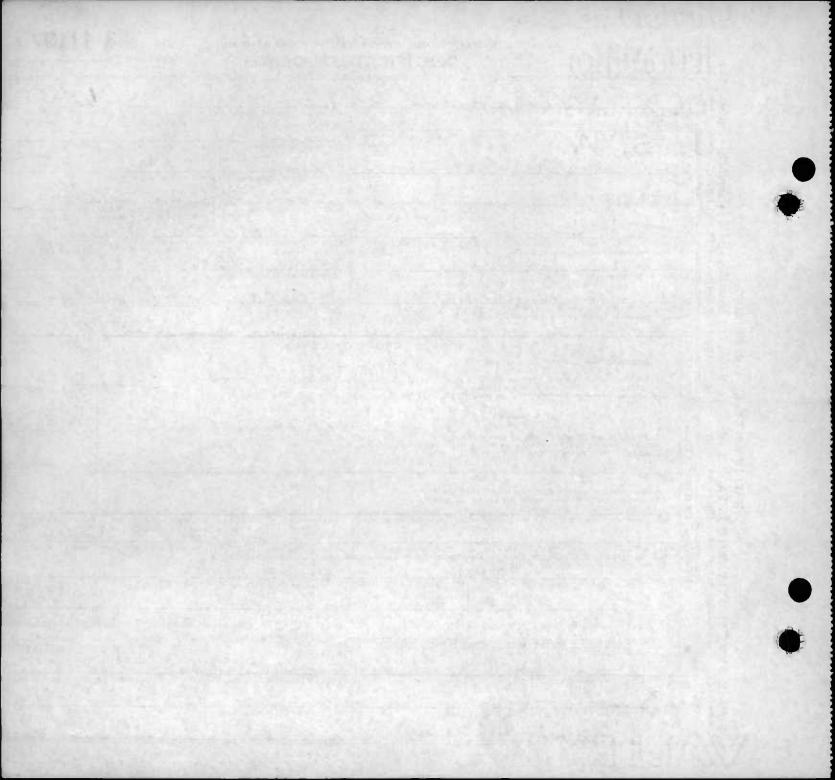
The	BI	IRTH NO. 11133 CERTIFICATE OF DEATH							
	1. (T:	NAME OF D	ECEASED	Mamie	Coles		2. DATE OF DEATH DEC.	19, 1953	
ipplie	Α.	s. PLACE OF DEATH: a. Baltimore City, Maryland			A, USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission				
should be carefully supplied.	HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Baltimore City Hospitals location) 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore (Waship)				
caref	c. Length of stay in Baltimore life Yrs.  Days				Mos	D. STREET ADDRESS (If rural, give location)  1211 Whatcoat St. zone #17			
ld be	5.	sex emale	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)					
	10	A. USUAL OC	CCUPATION (Give kind of working life, even if retired	of IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY?	
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R BINDING em of inform causes of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				16. SOCIAL SECURITY NO.	B. C. H. 4940 Eastern Ave. (records)			
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H-1	L CE	THE R. P. LEWIS CO., LANSING, MICH. LANSING, MICH. LANSING, MICH. LANSING, MICH. LANSING, MICH. LANSING, MICH.	OF OPERATION		TION FOR WHICH O	PERATION	IF OPERATION WAS RELATED CAUSE OF DEATH. ENTER	IN T	
r, WITH	EDICAL	PART I OR PART II  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)    PART I OR PART II   YES   NO   21C. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR?)							
AINL ully im	M	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 21f. HOW DID INJURY OCCUR?							
PLEASE WRITE PLAINLY, WITH correct age is especially important.	110	22. I herel deceased a 23a. SIGNA  SA. BURIAL. DN. REMOVAL	CREMA- 24B DATE Specify /2-2 ED BY   REGISTRA	1-53 2	M.D. MADE OF CEMET	rred at 8:30a 23в. ADDRESS 4940	2.53 to 12-19, 19.  Im., from the causes and on  Eastern Ave.  DRY 24D. LOCATION (City, town)	the date stated above.  23c. DATE SIGNED  2-19-53	
H 2	Di	VS 150	Fil Hand	Jon !	Vallenmer, N.	Trongs	1 / Celson 1303 Presse	mant	



	-	5-130			
The	5	3 11196 RTH NO.		HEALTH DEPARTMENT	Registered No. 11196
on should be carefully supplied. T		NAME OF DECEASED PETS	R SPEET		2. DATE OF 12/19/53
	A.	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	here deceased lived. If institution: residence B. COUNTY before admissio
	H	FULL NAME OF (If not in hospital OR ISTITUTION MERC)	l or institution, give street address location	1	outside corporate limits, write RURAL and gi
	3	7 . 7	Yrs Yrs Mos		rural, give location)
		Length of stay in Baltimore  SEX 6. COLOR OR RACE	7. SINGLE MARRIED SPECIAL (Special Control of the C	8. DATE OF BIRTH	9. AGE (in years if Under I Year if Under 24 Hou last birthday) Months: Days Hours Min
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(2)		. FATHER'S NAME	MDC-11	14. MOTHER'S MAIDEN NA	- 3
NDING information of death ch	14	WAS DECEASED EVER INV. S. ARMED	SPEED FORCEST 16. SOCIAL	Margr	et: V
RESERVED FOR BIN INK. Every item of please write the causes	(Ye	s, no or unknown) (If yes, give war or dates	212-18-899	17. INFORMANT	ADDRESS
		DISEASE OR CONDITION E LEADING TO DEAT	DIRECTLY	ve, mi, o, +	INTERVAL BETWEE
		(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which ca	hickoryhi 2 week		
	7	ANTECEDENT CAUS		and and and	10 nould:
	ATION	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS	ANY, GIVING		
MARGIN NFADIN 1ysicians:	IFIC/		(C)		
MARGIN UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT R DISEASE OR CONDITION CAUSING	ELATED TO THE	ILETIC HEAR	H DISEASE ?
h-t	AL		B. CONDITION FOR WHICH AS PERFORMED	// CAUSE O	TON WAS RELATED TO 20. AUTOPSY?  F DEATH, ENTER IN YES NO
TOC	EDIC	21A. ACCIDENT WAS UNDERLYII OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINES	about home, farm, factory, street, off	(e. g., in or 20C. WHERE DID ( ice bidg.,etc.) INJURY OCCUR?	If in Baltimore City, give exact location)
AN	Σ	210 TIME (Month) (Day) (Year) (OF INJURY	Hour)   21E. INJURY OCCUR		URY OCCUR?
TE PLA especiall		22. I hereby certify that I atto		1/2/53, 19, to	2/18/53, 19, that I last saw t
RITE is esp		deceased alive on 2-12/53	; 19, and that death occ	urred at, m., from th	e causes and on the date stated about 23c. DATE SIGNE
E W	2	4A. BURIAL, CREMA- 24B. DATE AN, REMOVAL (Specify)	24C. NAME OF CEME	ERY OR CREMATORY 240.1.	OCATION (City, town, or county) (State
PLEAS	D	ATE RECEIVED BY   REGISTRAR'S		Les Cern. Cox	ADDRESS
PI	1	OCAL DECICEDAD	ington Williams	Leorge D. 16	elson
		VS 150	7546	1303/	restman it



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BALTIMORE CITY HE	EALTH DEPARTMENT 53 11197						
BIRTH NO. CERTIFICATI	E OF DEATH Registered No.						
1. NAME OF DECEASED (Type or Print) Rosamond	2. DATE OF 12-18-53						
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	mot						
INSTITUTION 1625 M. Monrol St	Bolto 15-0 2 menship)						
c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year Months Days Hours Min.						
10A. USUAL OCCUPATION (Givekindof work done during most of working life, even if retiged)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHOLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S DAME	14. MOTHERS MAIDEN NAME						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL	Sarah Melson						
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Blow's Inlad 1625 Mmsol						
7700	OF DEATH INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dylng, e.g., (A)	ate hyocard, to I day						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
Z ANTECEDENT CAUSES	as Phene ocia 10 days						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	\(\begin{array}{cccccccccccccccccccccccccccccccccccc						
(C)							
W DISEASE OF CONDITION CAUSING IT							
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OF	CAUSE OF DEATH, ENTER IN						
WAS PERFORMED  Value of the process	PART I OR PART II YES NO DE G. g., in or 21C. WHERE DID (If in Baltimore City, give exact location)						
5							
OF INJURY	LECT						
22. I hereby certify that I attended the deceased from 2 '13 , 1913, to 12-18, 1913, that I last saw the							
deceased alive on 12-13, 1993, and that death occur	rred at OV m., from the causes and on the date stated above.  23B. ADDRESS 23C. DATE SIGNED						
24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETS	HY OR CREMATORY 24D. LOCATION (Cay town, or minty) 1. (State)						
TION, DEMOVAL (Special) 12-22-53 mt	ulum Balko bily my						
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS						
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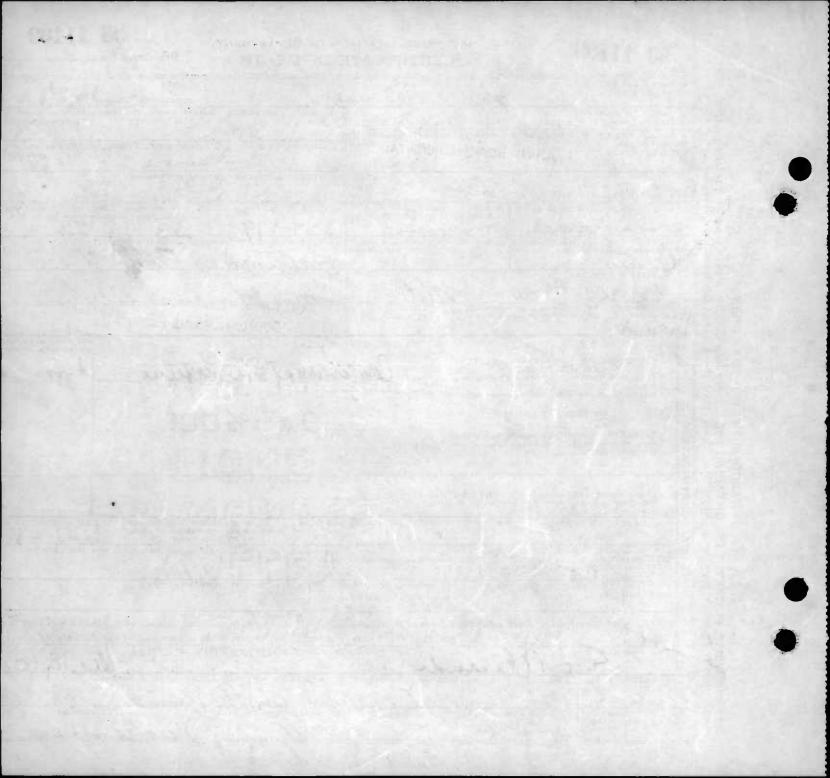


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ne	В	53 nJ 1198	BALTIMORE CITY HE CERTIFICATE		Registered No.	11198	
a. I		NAME OF DECEASED ype or Print) LUVET	T. ANNIE		2. DATE OF DEC.	20,1953	
supplied.		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Wh		stitution : residence before admission)	
ly su	H	FULL NAME OF (If not in hospital or OSPITAL OR AT SINA) N	institution, give street address or URSIN + Hun docation)	C. CITY OR TOWN (If or	atside corporate limits,	write RURAL and give	
bry.	la	0 . 4613 Barie Ha	ts tve Bauxo.		STREET ADDRESS (If rural, give location)		
egi		Length of stay in Baltimore SEX   6.COLOR OR RACE   7.	Mos. Days SINGLE, MARRIED.		9. AGE (In years) Hun	der 1 Year   If Under 24 Hours	
should early a		FW	WIDOWED, DIVORCED (Specify)	1876	last birthday) Mont	hs Days Hours Min.	
	work	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country) 1:	2. CITIZEN OF WHAT COUNTRY	
information shous s of death clearly	13	B. FATHER'S NAME	4-14-	14. MOTHER'S MAIDEN NAM	1E RA	dana	
of de	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FO s, no or unknown) (If yes, give war or dates of se	RCES 16. SOCIAL ervice) SECURITY NO.	17. INFORMANT	ADE	ORESS A.	
or		18. 1/200		Sm - Wm	.Lorett 20	156 LINE	
he he		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
Every write t		(This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause	ne disease,	1 Sur y 1 Nich	7/2/I	y. /3	
15	z	ANTECEDENT CAUSES	heatt duas	Over 3 vrs.			
please	ATIO	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	I, GIVING				
UNFADING Physicians:	TIFIC	11	(C)				
hysic	田田	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CALL	RELATED	Nme			
	AL C		MAJOR FINDINGS OF OPER			20. AUTOPSY?	
mportant.	EDIC/	LYING OR CONTRIBUTING   ab	21B. PLACE OF INJURY (e. g., in out home, farm, factory, atreet, office bldg., e	n or 21c. WHERE DID (If	in Baltimore City, giv		
ımp,	M	CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Ho OF INJURY	our) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?		
cially			m. WHILE AT NOT WHILE		- ec 13 1053	12 m 1 7 2 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	
i K		22. I hereby certify that I attend deceased alive on Dec. 12, 1	9 52. and that death occur	red at 713 Pm., from the	ec. 13, 1953, causes and on the	date stated above	
		23a. SIGNATURE	Auli M.D.	1214 N. CALVE	et ST.	AC LUISS	
PLEASE W	TIC	ONOREMOVAL (Specify)  / L - Z - V	3 24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOG	Polto	county) (State)	
COLLE		ATE RECEIVED BY REGISTRAR'S S	IGNATURE	25. FUNERAL DIRECTOR	2100 GL	DDRESS R	
	-	VS 150		out / www/mc	77,000		
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LOCAL REGISTRAR DLU / VS 150

53 11199 Registered No-B. COUNTY before admission) (If outside corporate limits, swelte RURAL and give 9. AGE (In years ii Under ) Year if Under 24 Hours last orthday) Months Days Hours Min. CITIZEN OF WHAT COUNTR INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? 21c. WHERE DID (If in Baltimore City, give exact location) 1953 that I last saw the 23c. DATE SIGNED 240 LOCATION (City, town, or county) ADDRESS



	7	53 112	Register		1200					
	1.	NAME OF DE	CEASEDCha	rles	Johnson			2. DATE OF DEATH	2-1	9-53.
4	A. B.	FULL NAME C	ity, Maryland	Ball or institut	timore ion, give street addres	//	laryle	ere deceased live B. COUNTY		tion: residence before admission)
ly.		STITUTION	Doctor	rs Ho	roital	c, CITY OR TO	Wh (If or	utside corporate	D. 0	e RURAL and give ownship)
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ly ar		M	6. COLOR OF RAC	WIDOW	MARRIED.	Dac 15,	1886	67	Months I	Days Hours Min.
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f death		Lear	ever in o. s. arm	ED FORCES?	16. SOCIAL	Mar	18. NAN	Burre	ee	
causes of	(Yes	18. 3 3/	(If yes, give ar or d	ates of service)	2/3-03-35	17. INFORMAN What.	Lydia	Johnson	, 32/	Monestry TERVAL BETWEEN
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ant.	CAL		OPERATION		FINDINGS OF O		F DID (If	in Baltimore Ci		20. AUTOPSY?
mportant	MEDI	LYING OR CAUSE OF D	ONTRIBUTING EATH  Aonth) (Day) (Yes	about home, f	arm, factory, street, office b	dg.,etc.) INJURY OC			ty, give ex	
ecially		OF INJURY	(20)		WHILE AT NOT WE WORK AT WO	ILE RK				
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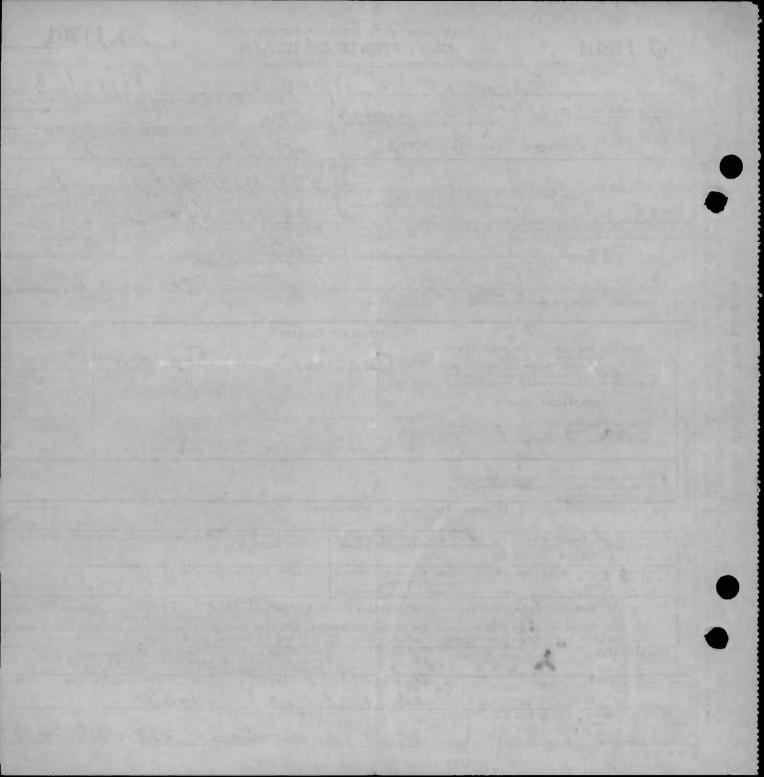
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ONSET AND DEATH PCINOMA OF STAMACH 20. AUTOPSY (If in Baltimore City, give exact location) INSPISCTION thercon and from 24D. LOCATION (City, town, or county) ADDRESS

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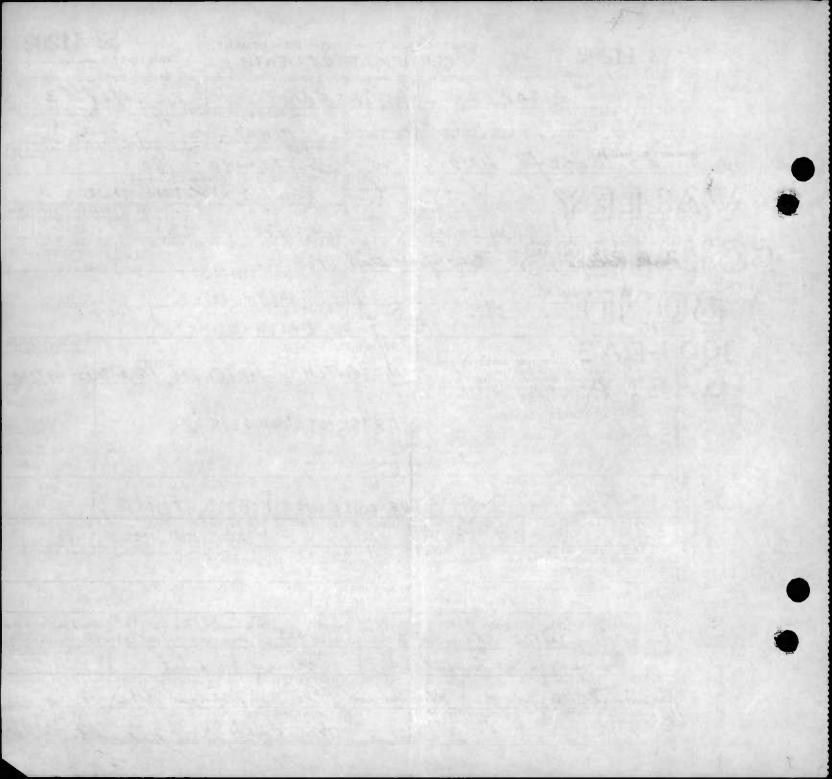
12. CITIZEN OF

WHAT COUNTRY?



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F		NAME OF DEC	EASED		17			2. DATE	1	
Ġ		ype or Print)		RLES	VARGE	SEN	1	OF DEATH /2	-/17/0	13
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JA.	H	STITUTION 7	/	11.	location)	C. CITT OR TO		utside corporate li	mits, write RI	URAL and gi
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grib				6-	Yrs. Mos.	D. STREET AD	VEWII	ural, give location)	Ave.	
l be	-		v in Baltimore	7. SINGLE.	Days	S DATE OF BI	IRTH I	9. AGE (In years)		If Under 24 Hou
		M	LOLOR OR RACE	WIDOWE	D, DIVORCED (Specify)	Charle	OLA.	last birthday)		
	10	A. USUAL OCCI	PATION (Give kind of	WIDOW	F BUSINESS OR	11. BIRTHPLAC	CE (State or for	83	12. CITI	ZENI OF
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ior 1 cl	13	FATHER'S NA		Town	your state	14. MOTHER'S		ME	1 05	•
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	(Ye	, no or unknown)	(if yes, give war or date	es of service)	SECURITY NO.	17. INFORMAN			ADDRESS	
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MA UNF. Physi	CER	TO THE D	EATH BUT NOT	RELATED TO		LLAR	TIBRIL	LATION		
let.	,	19A. DATE OF	OPERATION 1	98. CONDITI	ON FOR WHICH O	PERATION		ION WAS RELATED		AUTOPSY?
WITH rtant.	K			VAS PERFOR			PARTION		YES	No L
	D	OR CONTRIBU	T WAS UNDERLY TING CAUSE OF	about ho	PLACE OF INJURY of the control of th		HERE DID (I	f in Baltimore Ci	ty, give exac	t location)
'X',	五三	DEATH (NOTIF	Y MEDICAL EXAMINE	ER)						
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		22. I hereby	certify that I at	tended the d	eceased from 13	2/2 1	953, to /		53 that I	
TE		deceased aliv		_, 19 J 3 . at	nd that death occu		_m., from th	e causes and or		
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ද ව	2	AA. BURIAL, CR		24	C. NAME OF CEMETE	RY OR CREMATO	ORT 240. LC	CATION (City, to	wn, or county	(State
	TI	NEMOVAL (Spe	cy(s)		Watkins	2900	Wall	kens He		74.
PLEAS correct	D	ATE RECEIVED		S SIGNATUR		25. FUNERAL	DIRECTOR		ADDRES	58)
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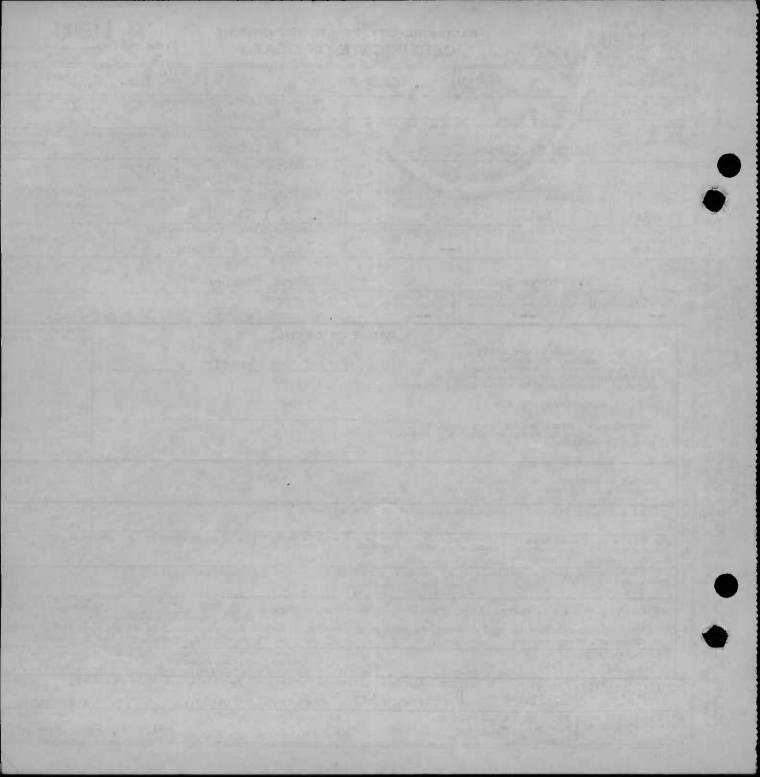


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MANUAL STREET	Mang.	is a			- 01774 117	TALTIL DEDADE		52	11	202
	3 112 RTH NO. 9	3-3067~				EALTH DEPART		Registere		<b>203</b>
	NAME OF D ype or Print)	ECEASED	ELV	A M.	SANFORI	)	2	of Dec	. 18,	, 1953
	PLACE OF D Baltimore (	City. Maryland				4. USUAL RESIDE	ENCE (When	e deceased lived B. COUNTY		ution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit			location)	c. CITY OR TOWN		side corporate li	imits, wri	ite RURAL and give township)
1					Yrs.	o. STREET ADDRI	ESS (If rur	al, give location	)	
c.	Length of s	tay in Baltimore			Mos. Days	242	l Wilgra	ay Court		
	sex 'emale	6.COLOR OR RACE White			ED, RCED (Specify)	B. DATE OF BIRTH		. AGE (In years last birthday)	Months	Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  NONE  10B. KIND OF BUSINESS OR INDUSTRY					11. BIRTHPLACE	State or forci			CITIZEN OF WHAT COUNTRY?	
13	13. FATHER'S NAME					14. MOTHER'S MA				
		W. George	Sanford			Mildred S	tamper			
	. WAS DECEAS	ED EVER IN U. S. ARMEI		16. SOC	IAL URITY NO.	17. INFORMANT	-	-	ADDRI	ESS
(10		(11 ) (11 ) (11 ) (11 )		350	OKITI NO.	W. George Sa	anford,	2421 Wil	grey	Court
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO TUNDERL	SE OR CONDITION LEADING TO DEA's not mean the mode of the complication which of the complication	TH  of dying, e. g. uns the diseas caused death  SES  F ANY, GIVIN STATING TH  STATING TH  STATIONS CON  NOT RELATE	e, OUE  (B IG OUE  (C	то	titial pneum	onitis			
ū	19A. DATE	F OPERATION I	9B. MAJOR	FINDING	S OF OPER	RATION	Mart I			20. AUTOPSY7
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	about home, f	CE OF IN	IJURY (e. g., i street, office bldg.,	n or 21c. WHERE Coto.) INJURY OCCU		n Baltimore Cit	ty, give o	exact location)
Σ	210. TIME OF INJURY	(Month) (Day) (Year)		VHILE AT	RY OCCURR NOT WHILE AT WORK	ED 21F. HOW DID	O YAULUI (	CCUR?		
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ВІ	53 11 RTH NO.	204		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered No.	11204		
	NAME OF DEC		n M. H	arrison		2. DATE OF DEATH	17/53		
	PLACE OF DEA Baltimore Cit				4. USUAL RESIDENCE (W		stitution : residence before admission)		
8.	FULL NAME OF		al or institut	ion, give street address or location)	c. CITY OR TOWN (If	outside cornovate limita	mits DUDAT and sine		
IN	STITUTION D.	O.A.Luther	ran Ho	sp.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
/ c.	Length of sta	y in Baltimore	28 yrs	Yrs. Mos. Days	708 N. Augusta Ave.				
5.	SEX 6	COLOR OR RACE	7. SINGLE	E. MARRIED.	Nov. 25,1904	9. AGE (in years li Um last birthday) Month	der I Year hs: Days Hours Min.		
vork	done during most of w	JPATION (Give kind of orking life, even if retired)	108. KIND	of Business or Industry	11. BIRTHPLACE (State or fo	reign country) 12	2. CITIZEN OF WHAT COUNTRY?		
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15 (Yes	. WAS DECEASED	EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		N.Augusta		
	(This does n heart failure,	OR CONDITION EADING TO DEA' ot mean the mode of asthenia, etc. It mea	TH of dying, e. g ns the diseas	3. (A) CO	OF DEATH	ceu fair	INTERVAL BETWEEN ONSET AND DEATH		
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- 1	19A. DATE OF	OPERATION O I	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
EDICAL		NT WAS UNDER- CONTRIBUTING    EATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		f in Baltimore City, give	e exact location)		
Σ	21D. TIME (M OF INJURY	onth) (Day) (Year)		21E. INJURY OCCURR		OCCUR?			
	22. I hereby	certify that I att	tended the	deceased from IUC	/ P V-m 1	02-700 1953	that I last saw the		
	deceased aliv	e on 1/0 V 300	91953.	and that death occur	red at 340 Pm., from to	he causes and on the			
24 TIC	A. BURIAL, CR.	cify)	9	245 NAME OF CEMETE	Memorial Pk.Do	ORSEY, Md.	county) (State)		
	ATE RECEIVED			Velliame, A.	anny H. William		dson Ave.		
7	VS 150			20	The state of the s		AVE.		
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7 . The Section of the . I . Your Cold sets and well as the state of the . To really call to be

		A	8-147794	11-4	Total Control of the
		(	5	44205	BALT
	The	81	RTH NO.	TIVOO	
		1. (T	NAME OF D	ECEASED J	ames Wilso
	plie	3.	PLACE OF DE	EATH: City, Maryland	
	dns	В.	FULL NAME	OF (If not in hos	pital or institution
	Ily		STITUTION	Baltimore (	Cita Vocati
	efu]		34	Parcimore.	or ch Hospi
	ld be carefu and legibly.	_	Longth of s	tay in Baltimore	
	be Id		SEX	6. COLOR OR RAC	E 7. SINGLE.
	an an		Male	White	Marrie
	on shou clearly	10	A. USUAL OC	CUPATION (Give kine of working life, even if retir	of 108, KIND C
	cle	n	erior	Decorator	Own Bus
	atic	13	. FATHER'S N	111111111111111111111111111111111111111	
NG	rmati			James '	
IQ.	info	(Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARI	MED FORCES?
BIN	ses	_			Ę.
MARGIN RESERVED FOR BINDING	Every item of information should be carefully supplied. write the causes of death clearly and legibly.		heart failu	SE OR CONDITION LEADING TO DE not mean the mod re, asthenia, etc. It n complication which	neans the disease.
ERV	K. H			ANTECEDENT CA	USES
IN RES	ING INK.	ERTIFICATION	RISE TO T	S OR CONDITIONS HE ABOVE CAUSE ( /ING CONDITION	A) STATING THE
MARG	UNFADING Physicians:	CERTIF	TO THE	II BNIFICANT CONDITION DEATH BUT NOT BR CONDITION CAUS	RELATED TO
			19A. DATE O	F OPERATION	198. CONDITI WAS PERFORE
	ITE PLAINLY, WITH especially important.	MEDICAL	OR CONTRIB	ENT WAS UNDERI BUTING CAUSE IFY MEDICAL EXAM	OF about box
	AINL ally in	4	21D TIME ( OF INJURY	(Month) (Day) (Ye	ar) (Hour) 21
	TE PLAIN especially		22. I hereb	y certify that I dive on 12-18-	attended the d
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IMORE CITY HEALTH DEPARTMENT

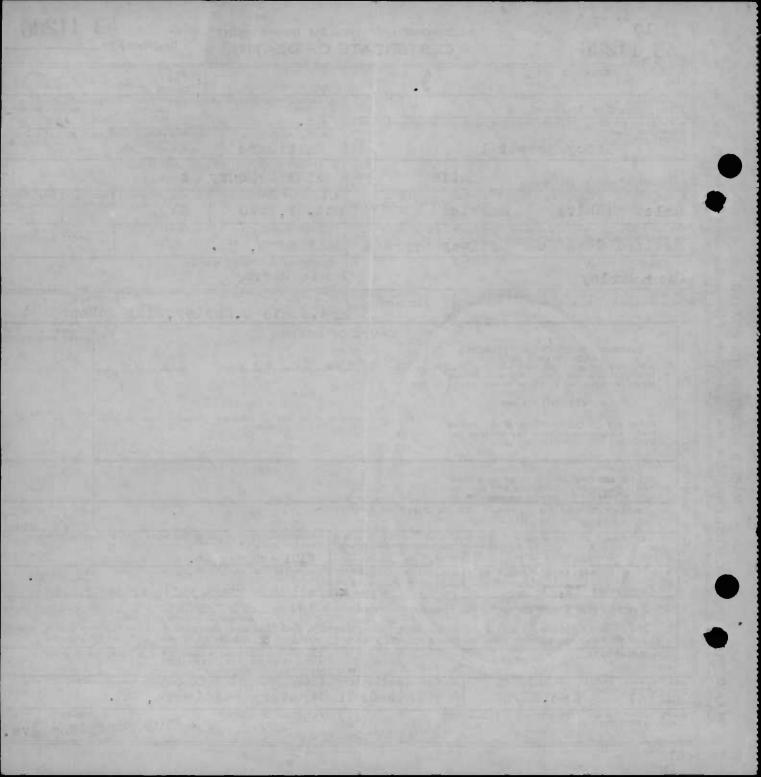
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81	53 RTH NO.	11205	C	ERTIFIC	CATE	OF	DEAT	H	Regi	stered No.		00
1. (T	NAME OF D		C. nes Wilso	n					2. DATE OF DEATH	Dec.	18-19	953
A.	PLACE OF D Baltimore C	City, Maryland	al an institution	wine street ad	dwoon on	4. USI	TE	ENCE (W	here deceased B. COI			esidence admission)
H	SPITAL OR STITUTION	Baltimore Ci		lo	ocation)							
-		tay in Baltimore		7	Yrs. Mos. Days		21	1 E. 2	rural, give loc 5th. St	•		
	sex Male	6. COLOR OR RACE		DIVORCED	(Specify)		28- <b>18</b>		9. AGE (In	hday) Month	er l Year ns Days H	Under 24 Hours Lours Min.
wor	done during most	CUPATION (Give kind of of working life, even if retired) Decorator	Own Bus		OR USTRY		THPLACE higan	(State or fo	reign country	y) 12	WHAT	OF COUNTRY?
13	13. FATHER'S NAME  James Wilson						14. MOTHER'S MAIDEN NAME Rose					
	. WAS DECEASE s, no or unknown)	ED EVER IN U.S. ARME (if yes, give war or date	D FORCES?	16. SOCIAL SECURITY	323				Eastern e City			
RTIFICATION	heart failu Injury or DISEASES RISE TO T	not mean the mode of re, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS. IT HE ABOVE CAUSE (A)	ans the disease, caused death.) SES IF ANY, GIVING STATING THE	KEKE U	nknov	m			RLL of			
CERTIF	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSING	RELATED TO			*						0
AL		7	198. CONDITION		ICH OF	ERATIC		PART I	TION WAB R OF OEATH, OR PART II	ENTER IN	20. AU	NO 🗌
MEDIC	OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF THE MEDICAL EXAMINE	F about hon	PLACE OF INJ ne, farm, factory, str	JURY (e	e.g., in or bldg.,etc.)		ERE DID	(If in Baltim	nore City, gi	ve exact l	ocation)
-	OF INJURY	(Month) (Day) (Year		E. INJURY OC	NOT WHILE	E	21F. HOW	DID IN.	JURY OCCU	IR?		
	22. I hereb	y certify that I at live on 12-18-	tended the de	eceased from nd that death	h occur	red at_	4.20AN	3, to 12- ., from t	-18 <b>-</b> he causes o	and on the	date sta	
		Ht Aohen	Voers	м	. 0. 49		astern		Balto.,	id.	12-18	22
TI	4A. BURIAL. ON REMOVAL (S JURIAL			c. NAME OF C				Balti	.more	id.		(State)
	ATE RECEIVE	RAR	SIGNATUR	Elliama.	A. d	25/FU	NERAL DI	RECTOR	Agrica .	dmond	son A	ve.

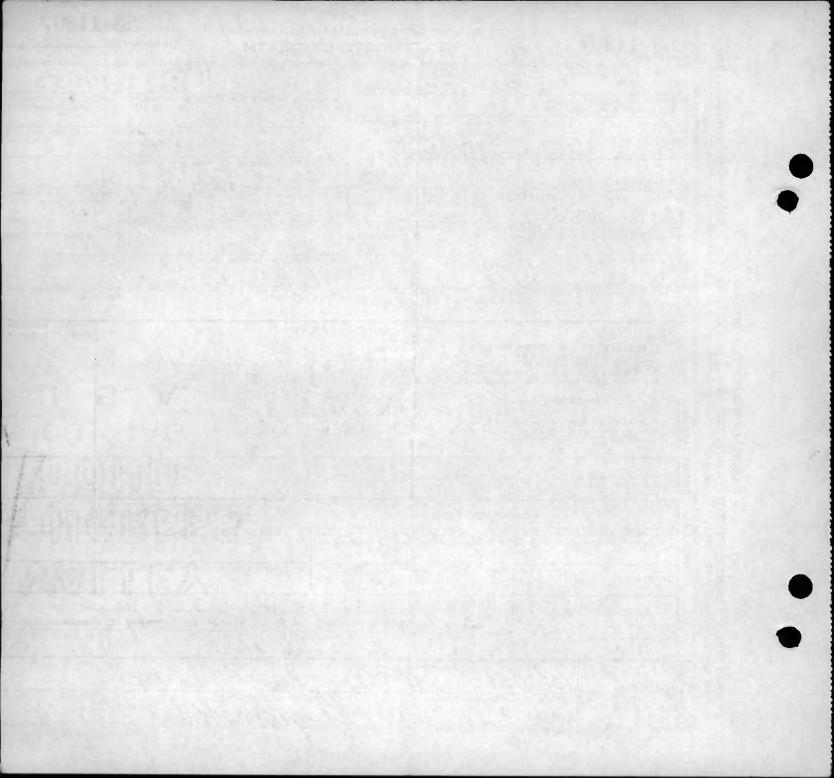
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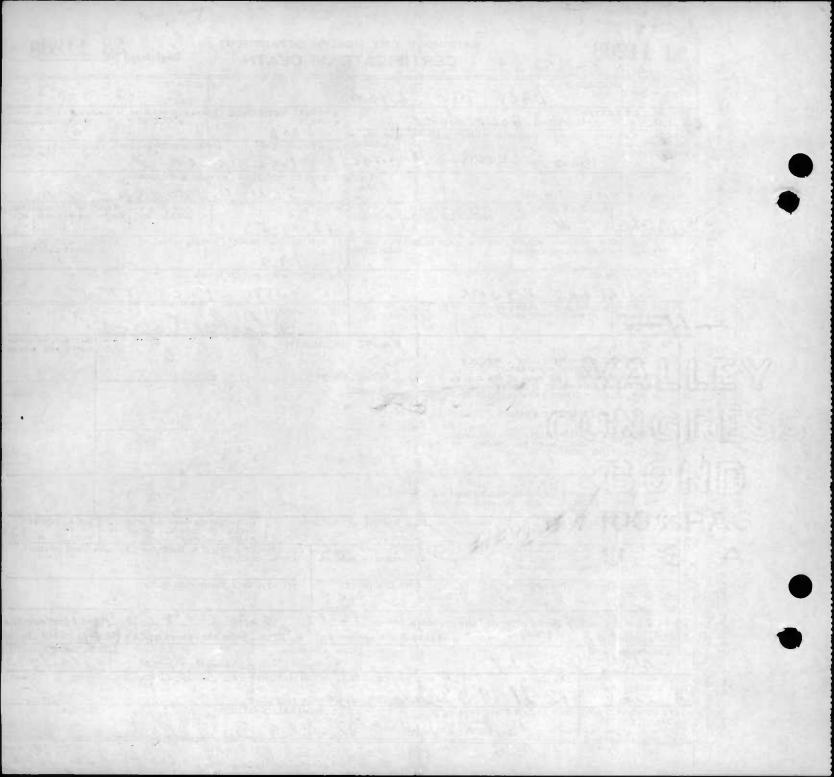
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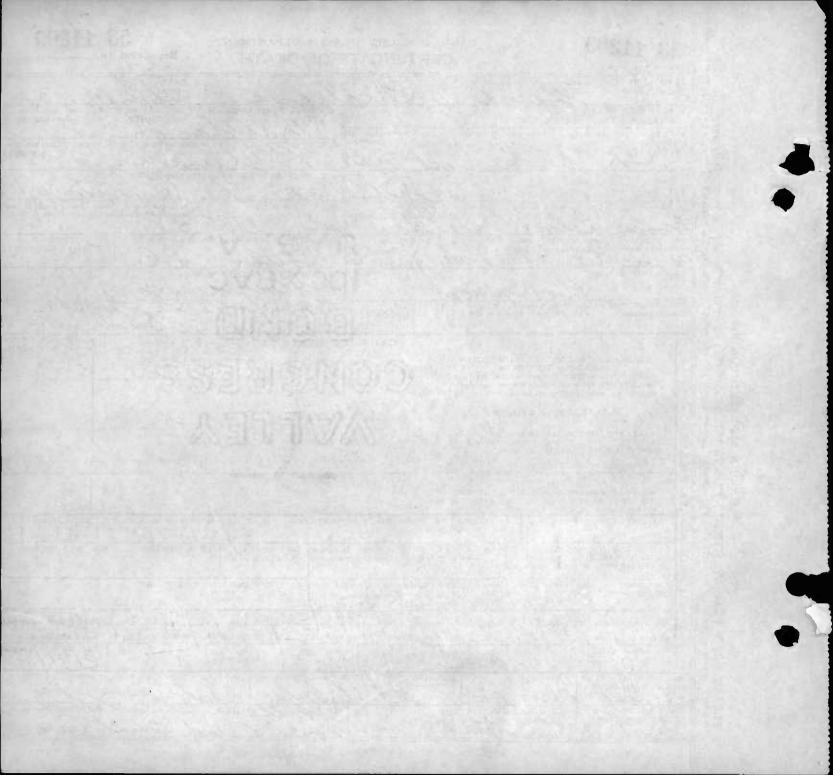


The	BALTIMORE CITY HE BIRTH NO. 123729196 CERTIFICATE	
	1. NAME OF DECEASED Ricker, Ronald	Edwin   2. DATE OF DEATH 12-19-53
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
carefully egibly.	Sinai Hospital of Bullimore	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  D. STREET ADDRESS (If rural, give location)
	C. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 19. AGE (In years) N Under 1 Year   It Under 24 Hours
should be	Male White Black (Specify)  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  A part birthday) Months Duy Hours Min.  26 In the state of the sta
ath cle	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
information s of death cle	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
VED FOR BIN Every item of i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	of DEATH INTERVAL BETWEEN ONSET AND DEATH
INK.	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  LINDERLYING CONDITION LAST	tiple Congenital
MAKGIN UNFADING Physicians:	(C)	
hd .	194. DATE OF OPERATION   198. CONDITION FOR WHICH OP WAS PERFORMED	ERATION IF OPERATION WAS RELATED TO 20. AUTOPSY?  CAUSE OF DEATH. ENTER IN PART I OR PART II
0	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e about home, farm, factory, street, office beautiful description of the control of the co	INJURY OCCUR?
LAIN	OF INJURY WHILE AT WORK NOT WHILE AT WORK	13 53 10 16 C3
WRITE P		rcd at 2 p.m., from the causes and on the date stated above.  32-ADDRESS 23C. DATE SIGNED
	24X) BURIAL, CPEMA-24B. DATE 24C NAME OF CEMETER	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)
PLEASE correct ag	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	20 JUNERAL DIRECTOR , 20 APPRESS
	VS 150	2/01/



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. Yons DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland BALTIMORE A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give carefully INSTITUTION SECOURS D.TAC ALTIMORE, D. STREET ADDRESS (If rural, give location) Yrs. MOB. ASh BOURne 5511 c. Length of stay in Baltimore Days 9. AGE (In years | H Under I Year 6. COLOR OR RACE 7. SINGLE, MARRIED 8 DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. on should clearly an NALL 2-19-53 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s s of death clea 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARLES BINDING Yons CKETT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS 17. INFORMANT (If yes, give wer or dates of service) (Yes, no or unknown) SECURITY NO causes of Every item INTERVAL BETWEEN 18 CAUSE OF DEATH FOR DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthonia, etc. It means the disease, write injury or complication which caused death.) ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Lif DISEASE OR CONDITION CAUSING IT. O 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21B. PLACE OF INJURY (e. g., in of about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING EDI OR CONTRIBUTING | CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) 2 IF. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY especially NOT WHILE AT WORK PL 193, to 12-19 , 19 5 that I last saw the 22. I hereby certify that I attended the deceased from 12-19 7 2 m., from the causes and on the date stated above. 17-19, 19 53, and that death occurred at\_ WRITE deceased alive on. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 53 240. LOCATION (Oity, town, or equity) 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE PLEASE TION, REMOVAL (Specify) Duriax DATE RECEIVED BY REGISTRAR'S 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 1444



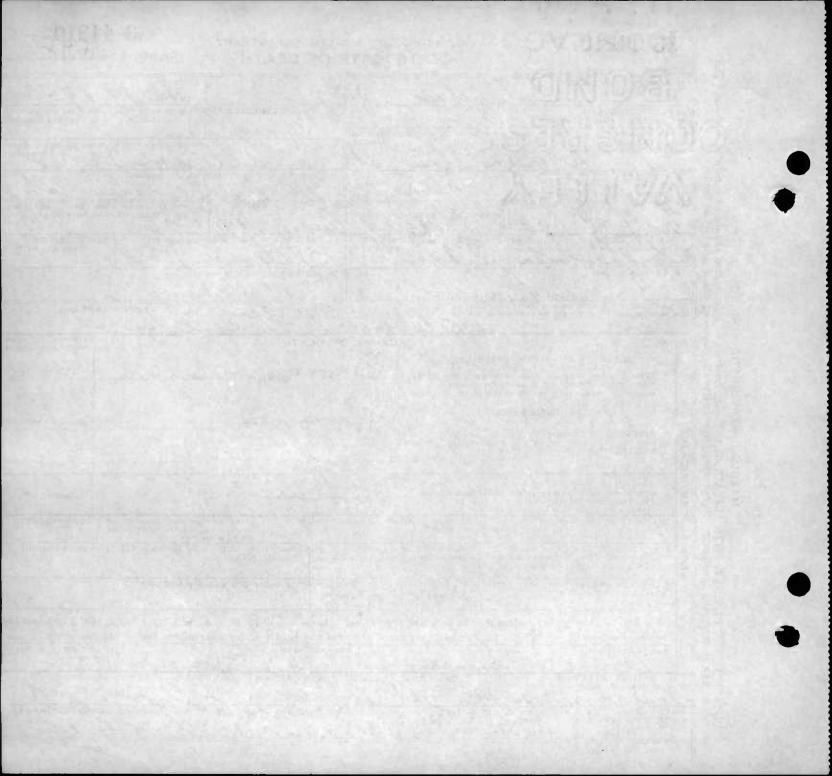


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## BALTIMORE CITY HEALTH DEPARTMENT

53 11210

The	BI	CERTIFICATE CERTIFICATE	E OF DEATH	Registered No
H	1.	NAME OF DECEASED		2. DATE
Ġ.	(T	(ype or Print) C. Columbus	linem	ELD. 19 1953
plie		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W)	nere deceased lived, If institution: residence before admission)
dns	-	FULL NAME OF (If not in hospital or institution, give street address or	Makela	B. COUNTY before admission)
>	H	OSPITAL OR location)	C. CITY OR TOWN (If o	utside corporate limits, write RURAL and give
full y.	D	19 M. Ventalow St.	Dalte	more 20-0 township)
rel		Yrs.	D. STREET ADDRESS (If re	ural, give location)
e ca	c.	Length of stay in Baltimore 76 Mp. Mos. Days	19 1.	Ilutatou V.
pu pu	5.	SEX 6.COLOR OR RACE 7. SINGLE MARRIED.	B. DATE OF BIRTH	9. AGE (In years   H Under I Year   H Under 24 Hours   last birthday)   Months: Days   Hours   Min.
uld y a	1	nall Calma Married	ling. 1. 1877	76
sho	10	A. USUAL OCCUPATION (Give kind of 108 100 OF BUSINESS OR K done foring most of wyrking life, even if ratired)	11. BURTHPLACE (State of for	eign country) 12. CITIZEN OF WHAT COUNTRY?
on should be carefully supplied clearly and legibly.	0	Longshoreman Laborer	Dallemine	-, md
atic	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN MAI	ME
NG rmatic death		Muknown	Mules	cours!
Dito	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	HANFORMAN 10 48	Of Johnson
f in	(	1.5-03-0658	19 N. Se	Malan St.
		18. 501X CAUSE C	OF DEATH	INTERVAL BETWEEN
FOR item		DISEASE OR CONDITION DIRECTLY	Δ.	ONSET AND DEATH
F. 5.		(This does not mean the mode of dying, e.g.,	conelisane	ummia 12-14-53
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
RESERVED INK. Even please write		ANTECEDENT CAUSES		
SE. K.	z	(8)	ronchitis	lengteron
RESE INK. please	0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
Z Z ::	CATION	UNDERLYING CONDITION LAST.		
MARGIN NFADIN nysicians:	IL.			
AR FA] sici	ERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ocarditis	
MARGIN I UNFADING Physicians: p	CEF	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	0 200 000000	and
		19a. DATE OF OPERATION   19B. CONDITION FOR WHICH OP		ON WAS RELATED TO   20. AUTOPSY?
WITH rtant.	CAL	WAS PERFORMED	PART I OF	PART II YES NO
ILY, WITI important.	ā	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (concentration of the contribution o		f in Baltimore City, give exact location)
Y,	ME	DEATH (NOTIFY MEDICAL EXAMINER)		
N. H.	-	21D TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	D 21F. HOW DID INJU	JRY OCCUR?
AI		OF INJURY  WHILE AT NOT WHILE  M. WORK  AT WORK		
FE PLAIN		22. I hereby certify that I attended the deceased from 12-	-14 1953 to 12	-19- , 1952, that I last saw the
E	7			e causes and on the date stated above.
RIT is e			38. ADDRESS	23c. DATE SIGNED
PLEASE WRITE PLAINLY, correct age is especially imp		Trangle & Saunders M.O.	1029 n. STr	often 12-21-53
五 8	24 TI	4A. BURIAL, CREMA- 24B. DATE 24C, NAME OF CEMETER	RYOR CREMATORY 240. LO	GATION (City, town, or county) (State)
AS	K	Jurial Dec. 22 1953 Mt. Un	huln Do	elleguese, Ind.
PLEAS		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 MATERIAL DIRECTOR	Turel sole to Vine
Hō		RECOLORE Huntington Welles with	1618/11/11	id Will line



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY Iff not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN carefully INSTITUTION legibly If rupal, give, location Yrs. ADDRESS Mos. c. Length of stay in Baltimore Days on should be 7. SINGLE, MARRIED, WIDDWED, DIVORCED 9. AGE (In years It Under 1 Year It Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 8. DATE BARTHPLACE (State or foreign country) 10A. USUAL SCCUPATION (Give kind of work done ny ing nost of working life, even if retired) BUSINESS OR LNDUSTR information uce 13. FATHER'S NAME death 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL of (Yes, no or unknown) SECURITY NO. em of in 18. CAUSE OF DEATH a item FOR Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the discase. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING MARGIN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ü DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WITH WAS PERFORMED CAUSE OF DEATH. important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (6. g., in or 21C. WHERE DID OR CONTRIBUTING CAUSE OF about home, farm, factory, strest, office bidg., etc.) INJURY OCCUR? EDI OR CONTRIBUTING | CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE! WHILE AT WORK AT WORK hor. 195 2 to 1)ec. 22. I hereby certify that I attended the deceased from deceased alive on New 19, 19 33, and that death occurred at\_ WRITE 238. ADDRESS age 24A. BURIAL CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24Bt DATE Luna 10,020

PLEASE

DATE RECEIVED BY

LOCAL REGISTRAR

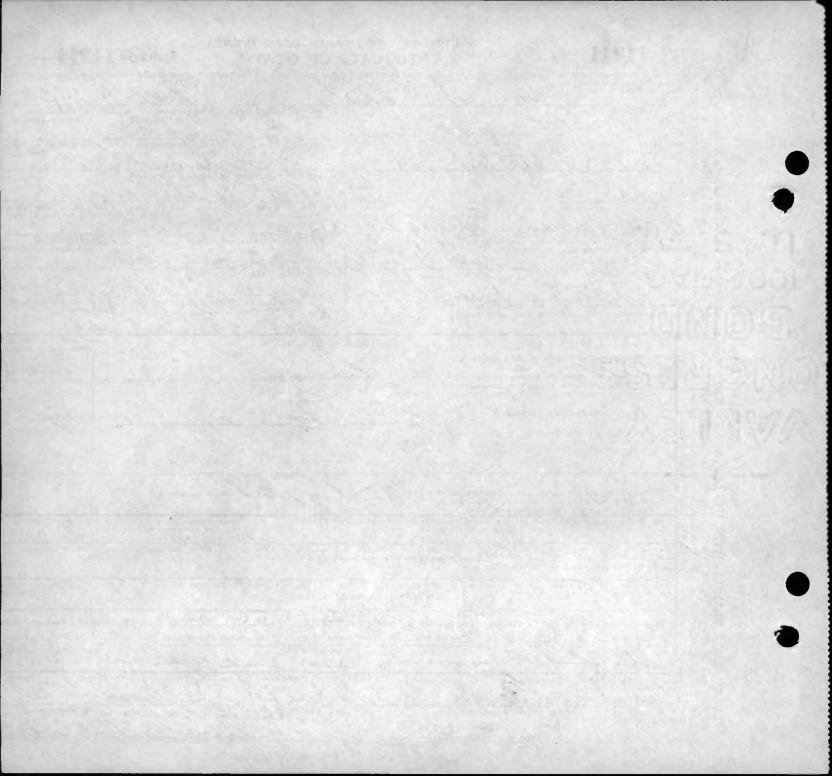
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REGISTRAR'S SIGNATURE

INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY ENTER IN 21c. WHERE DID (If in Baltimore City, give exact location) , 19 53 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED

before admission)

12. CITIZEN OF WHAT COUNTRY?



5	3 11212 BALTIMORE CITY HE CERTIFICATE	E OF DEATH Registered No. 11212		
1. (T	NAME OF DECEASED ype or Print) James Love		2. DATE OF Dec. 1	7-1953
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission		
HC	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION Balt imore City Hospitals	c. CITY OR TOWN (If o	utside corporate limits, w	rite RURAL and give township)
c.	Length of stay in Baltimore 30yrs. Yrs. Mos. Days	D. STREET ADDRESS (If re 1048 N.Fden	St.	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Married Married	8. Dafe of Birth Aug. 15- 1899	9. AGE (In years last birthday) Month	Year If Under 24 Hours Days Hours Min.
work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  Self  Huxter	11. BIRTHPLACE (State or foreign country)  Virginia, Morfo/K  12. CITIZEN C WHAT CO		
13	FATHER'S NAME John Love	14. MOTHER'S MAIDEN NAME Mary Grandy		
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY, NO.	17. INFORMANT 4940 1 Records: Baltimore		
FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO	Pulmonary Edema ensive Cardio vas	11	INTERVAL BETWEEN ONSET AND DEATH
RTI	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
O H		FRATION I IE OPERATI	ON WAS RELATED TO	20. AUTOPSY?
CAL C	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e	CAUSE OF PART I OF		YES NO De exact location)
7	WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e about home, farm, factory, street, office if the control of the control	CAUSE OF PART 1 OF PART 1 OF INJURY OCCUR?  D 21F. HOW DID INJURY	PART II f in Baltimore City, giv	
DICAL C	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (eabout home, farm, factory, street, officed about home, farm, factory, street, officed	CAUSE OF PART I OF PART I OF PART I OF INJURY OCCUR?  21f. HOW DID INJURY OCCUR?	PART II  I in Baltimore City, giv  IRY OCCUR?  -17-, 1953, the causes and on the courses.	e exact location)

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LOCAL REGISTRAP

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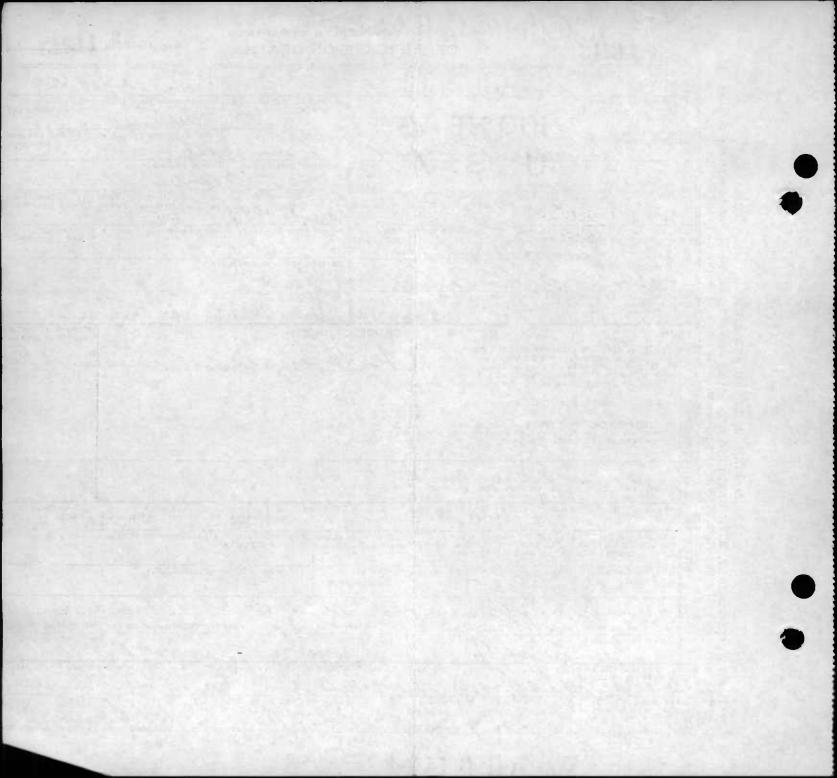
REGISTRAR'S SIGNATURE

53, that I last saw the the date stated above. 23c. DATE SIGNED Dec. 18-1953 Md. TURE, 25 FUNERAL DIRECTOR Plick 1412 E. Preston St

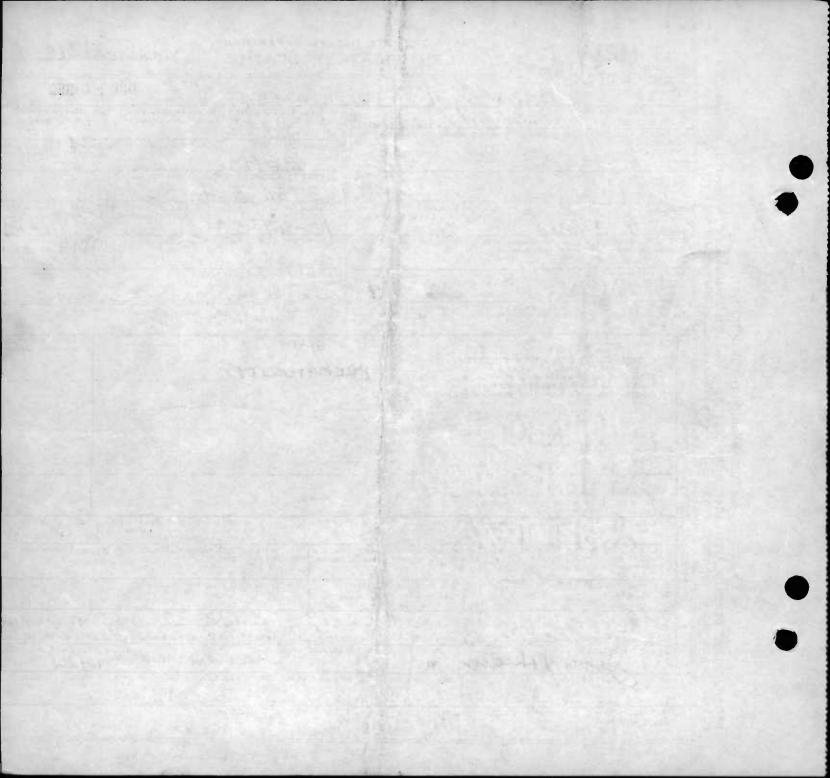
CELEVI-DA THE TANK THE Let H. Crist and Charles and Co. Alexander of the state of the state of the state of 

	H	BALTIMORE CITY	HEALTH DEPA	RTMENT	
The	BI	53 11213 CERTIFICA	ATE OF DEA	TH Registered N	.11213
		NAME OF DECEASED Sype or Print) Sarah	/	2. DATE OF 12	1,0/52
olied		PLACE OF DEATH:		DEATH IDENCE (Where deceased lived, If it	
idns	В.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street addre		1. Believere	before admission
ıllıy	IZ/	OSPITAL OR ISTITUTION	c. CITY OR TO	WN (If outside corporate limits,	write RURAL and glv townshlp
aref			rs. DISTREET ADI	ORESS (If rural, give location)	
oe ca			Days   7-03	RTH 9. AGE (In years) H	Under 1 Year   M Under 24 Hour
IDING information should be carefully supplied. of death clearly and legibly.		WIDOWED, DIVORCED (SE		1889 last birthday) Mon	ths Days Hours Min
sho		DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS Of a done-during most of working life, even if retired) 1 INDUS		E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
tion ch cl	13	B. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	
NG rma deat		Salvadere Comonni	Sares	k'?	
BINDING of inform uses of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  16. SOCIAL  SECURITY  21.0 a. 3. 4. 4.	17 INFORMAN	7. +t105 HA	DRESS
R BIN em of i causes		18. 4 20./ I CAU	SE OF DEATH	400 × 600	INTERVAL BETWEE
FOR y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1 m	01	ONSE! AND DEA!
- 1		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ure my	reacuse onya	The and
RVED Evel		injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES			
RESE INK. please	Z	DISEASES OR CONDITIONS, IF ANY, GIVING			
H 50	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
RGIN ADING icians:	FIC,	(C)		······································	
MARGIN INFADIN hysicians:	RTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
MA UNF Physi	CE	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	IF OPERATION WAS RELATED TO	
WITH rtant.	AL	WAS PERFORMED		PART I OR PART II	YES NO LE
LY, WIT	EDIC	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJUI OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		OCCUR?	give exact location;
VLY imp	M	21p. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCC	URRED 21F. HC	W DID INJURY OCCUR?	
PLAINLY ecially imp			TWHILE		
Ψ.		22. I hereby certify that I attended the deceased from_	1 - 20-		that I last saw th
SITI s es		deceased alive on 12/11, 1953, and that death of	23B. ADDRESS	m., from the causes and on th	23c. DATE SIGNED
W M	_	4A. BURTAL, CREMA- 24B. DATE 24C. NAME OF CEN	METERY OR CREMATO	RY 24D. LOCATION (City, town,	12/15/53 or county) (State
ASE ct a	TI	ON REMOVAL (Specify) Dec. 22 (953) It ood	lan Cem	. Baltine -	Marilan
PLEASE WRITE correct age is esp		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL I	DIRECTOR 2/2/8	ADDRESS A

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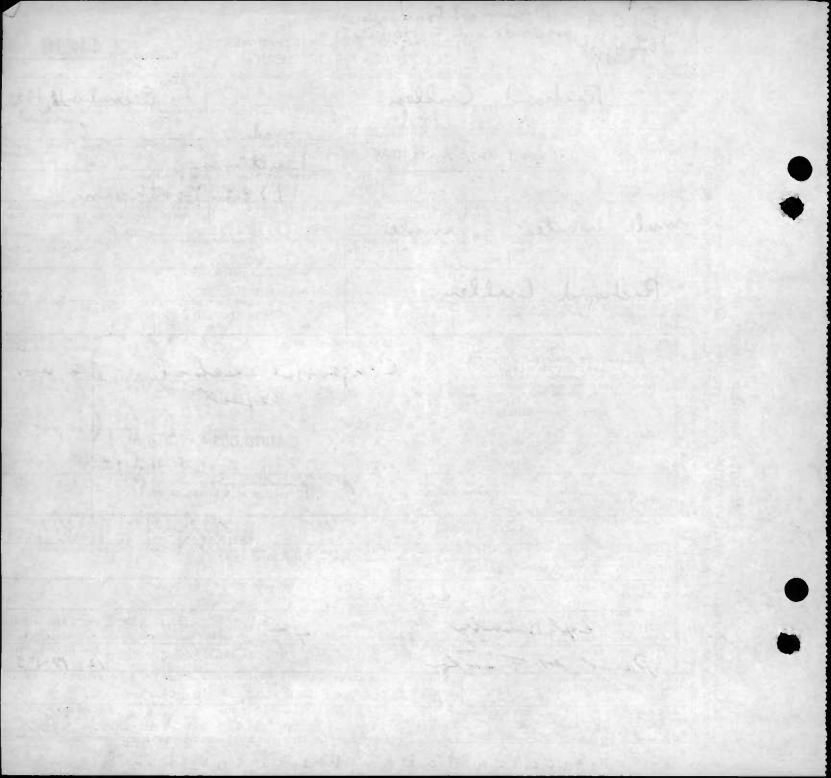
	N-452  BALTIMORE CITY HEALTH DEPARTMENT  Pari	stered No. 11214							
The	IRTH NO. 13-32519 CERTIFICATE OF DEATH Regi								
lied.	Pupe or Print)  Baby Girl  PLACE OF DEATH:  OF DEATH  OF DEATH  A. USUAL RESIDENCE (Where deceased	DEC 2 0 1953							
supplied.	Baltimore City, Maryland Harriett Land Irom. It. A. STATE M. STATE								
carefully egibly.	OSPITAL OR STITUTION JOHNIC HOPPITAL C. CITY OR TOWN (If outside corpo	rate limits, write RURAL and give township)							
	Yrs. D. STREET ADDRESS (If rural, give los Mos. Days 2730 FISK Ro	ation)							
	DA. USUAL OCCUPATION (Give kind of kdone of thing most of working life oven if retired)  108. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country industry)	WHAT COUNTRY?							
BINDING of informationses of death	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	1084							
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTS HOPKINS HOSP	Ullians							
	se, to or unknown) (11 yes, give war or dates of service) SECURITY NO. JOHNS HOPKINS HOSP	INTERVAL BETWEEN							
FOR item	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH							
-	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)  DUE TO								
2	ANTECEDENT CAUSES  (B)								
N RESE IG INK.	O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
MARGIN UNFADING Physicians:									
MA UNF Phys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
H	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RECAUSE OF DEATH, PART I OR PART II	ENTER IN YES NO							
- 6	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltim DEATH (NOTIFY MEDICAL EXAMINER)	ore City, give exact location)							
H_D	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK	R?							
TE PLA especiall	22. I hereby certify that Lattended the deceased from 12-19-1953 to 12-20-	_, 1953 that I last saw the							
RI	deccased alive on & - & -, 1963, and that death occurred at 3 mm., from the causes a  23A. SIGNATURE  23B. ADDRESS  OHNS HOPKINS HO	on the date stated above.							
	4A. BURAL CREMA 24B. DATE 24D. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (CON, REMOVAL (Specify)	ity, town, or county) (State)							
PLEASE correct a	ATE RECEIVED BY REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR	ADDRESS							
Д S	VS 150	n 1303							
	( resstr	an of							



VS 150

The		E OF DEATH  E OF DEATH  Registered No.
	1. NAME OF DECEASED (Type or Print)	2. DATE OF 20 2070
ed.	Champness Robert J.	DEATH December 10, 1953
pli	a. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
dns	B. FULL NAME OF (If not in hospital or institution, give street address of	
on should be carefully supplied. clearly and legibly.	HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	St. Joseph's	Baltimore
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore Days	2121 Cliftwood Avenue
	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify Married	JULY 17, 1896 57
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work dooe during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Watch estimator   S. & N. Katz	Baltimore, MD, U, S, A.
NG rmatio	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NG dec	KOBERT H. CHAMPNESS	ANNA W. GOEB
BINDING of information uses of death cl	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or uokoown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
of ses	YES WORLDWAR I 1212-01-1560	JANE R. CHAMPNESS SAME.
IN RESERVED FOR BINING INK. Every item of instances, please write the causes	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
MARGIN UNFADING Physicians:	other significant conditions contributing to the death but not related to the Bronchial asthma; Congestive heart failure	
, WITH	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PART I OR PART II
	VAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	
LAINLY ially im	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WH WORK AT WOR	ILE [ ]
Pec	22. I hereby certify that I attended the deceased from December 18, 1953 to December 18, 1953, that I last saw the deceased alive on Dec. 18, 1953, and that death occurred att: 35 p.m., from the causes and on the date stated above.	
RI	23a. SIGNATURE (23c. DATE SIGNED N. D. 1100 N. Caroline Street Dec. 18, 153	
PLEASE W	24A. BURIAL CREMA- TION, REMOVAL (Specify)  BURIAL  12-22-53. BALTIMORE NATIONAL CEM. 550 FREDERICK AVE. BALTO. MD.  DATE RECEIVED BY REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR  ADDRESS	
E S	LOCAL REGISTRAR Williams & Charles S. July 901 S. CONKLING ST.	

NAME ADDRESS DATE



R-200 11217 BIRTH NO.	
1 NAME OF DECEASED	ĺ

# BALTIMORE CITY HEALTH DEPARTMENT

Registered	N11	217
Tree Property	410	

		CERTIFICATI	E OF DEATH Registered No. 15.1
	1.	NAME OF DECEASED Print) MRS Elsam Beth Rooks	2. DATE OF DEATH /2-20-53
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate lights, write RURAN and give
·		Church Home + Hospital	BALTIMONE LO Journship)
egibly	31	CYTS.	D. STREET ADDRESS (If rural, give location)
le le	_	Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (IN years) If Under I Year of Under 24 Hours
2		WIDOWED, DIVORCED (Specify)	4-15-79 last birthday) Months Days Hours Min.
clearly		A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
	13	HOUSE WIFE.	14. MOTHER'S MAIDEN NAME
death		William Willett	Virginia 1sham
of c	15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL, no or unknown)   (If yes, give war or dates at service)   SECURITY NO.	17. INFORMANT ADDRESS
causes			DAYSHIEV 1200 Braceing Hywe
		18. H20 I CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH ONSET AND DEATH
the		(This does not mean the mode of dying, e.g.,	nadial infarction Zolus
write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
		ANTECEDENT CAUSES	Concrete Cardinasculas 15-4ns
leas	Ó	DISEASES OR CONDITIONS, IF ANY, GIVING	LAST CARdISMSULAU 1545
Physicians: please	CAT	UNDERLYING CONDITION LAST. (C)	
cian	F	II See all	
hysi	ER	OTHER SIGNIFICANT CONDITIONS CON-	
	7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20, AUTOPSY?
important.	CAI	21a. ACCIDENT WAS UNDER.   21b. PLACE OF INJURY (c. g.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
por	EDI	21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bidg	
E I	2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	
lah		m. WHILE AT NOT WHILE AT WORK AT WORK	
specialn		22. I hereby certify that I attended the deceased from 12	rred at 230 Pm., from the causes and on the date stated above.
ei l		234. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED
age	21	IAL BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	Bi	Dec. 23.1953 Parkwood Co	
correct	DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	HENRY SANDER & SONS.INC.
0	1	JEC 211833 Attention Williams M	Baltimore Md.
		VS 150	/ / / /

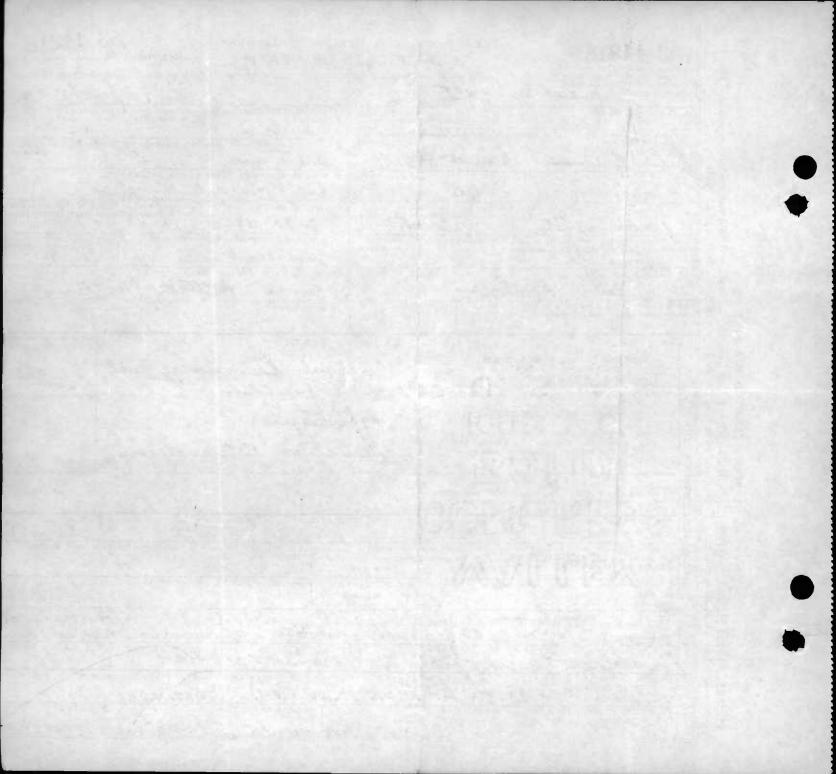
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11218 Registered No.

The	BIRTH NO.	TE OF DEATH
F	1. NAME OF DECEASED (Type or Print) many kn. Halt	2. DATE OF / - 2
lied	3. PLACE OF DEATH:	DEATH J. USUAL RESIDENCE (Where deceased lived, if institution: residence
ddı	A. Baltimore City, Maryland	A STATE B. COUNTY before admission)
as h	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location	
rully.	Lovet Baltimon Revered fighter	pal tunau township)
ref	Yrs Mos	
e cs leg	c. Length of stay in Baltimore 60 Day	801 WOORWAN A : # 30
should be carefully supplied sarly and legibly.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORGED (Speci	7 20 - 1167
rly	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
on shou clearly	work done during most of working ife, even if retired) INDUST	
tion th	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NDING information s of death cle	Centrer barthelaw	Emple batterly (Batterly)
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS
of i		
R BIN em of i	18. 33/X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
FO it he	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	etral hem unhage with
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	again mad and go took
Eve Write	injury or complication which caused death.) DUE TO	gur parapley in
<b>H</b>	ANTECEDENT CAUSES	heatersen
RESE INK. please	DISEASES OR CONDITIONS, IF ANY, GIVING	
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	meralyet arteris cleaning
MARGIN UNFADING Physicians:	O CO	
AR FAI sici	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
MINI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Ħ.	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH	OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY?
WITH rtant.	21a. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY	PART I OR PART II YES NO L.
0	- I I I I I I I I I I I I I I I I I I I	Doebldg., etc.) INJURY OCCUR?
ITA	ZID TIME (Month) (Day) (Year) (Hour)   21Z. INJURY OCCUP	RRED 21F, HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT W	VHILE TO THE TOTAL PROPERTY OF THE PROPERTY OF
IE PLAINLY, especially impo	m.   WORK AT W	
-	deceased alive on 19 53 and that death out	ourred at
WRITE e is esp	234 SIGNATURE	23B. ADDRESS 23c. DATE SIGNED
Wi	Govaldo Sem Jones. D.	1213 9914 24.
SE W	JON, REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEASE correct a	DATE RECEIVED BY REGISTRAR'S SIGNATURE	125 FUNERAL DIRECTOR ADDRESS
PL.]	LOCAL REGISTRAR	10 4 D 10 E M. 18 M
	UEU 21 106 7 Huntington Williams A	JOEMANDE HANCE. 1816 WEST ST
	VS 150	

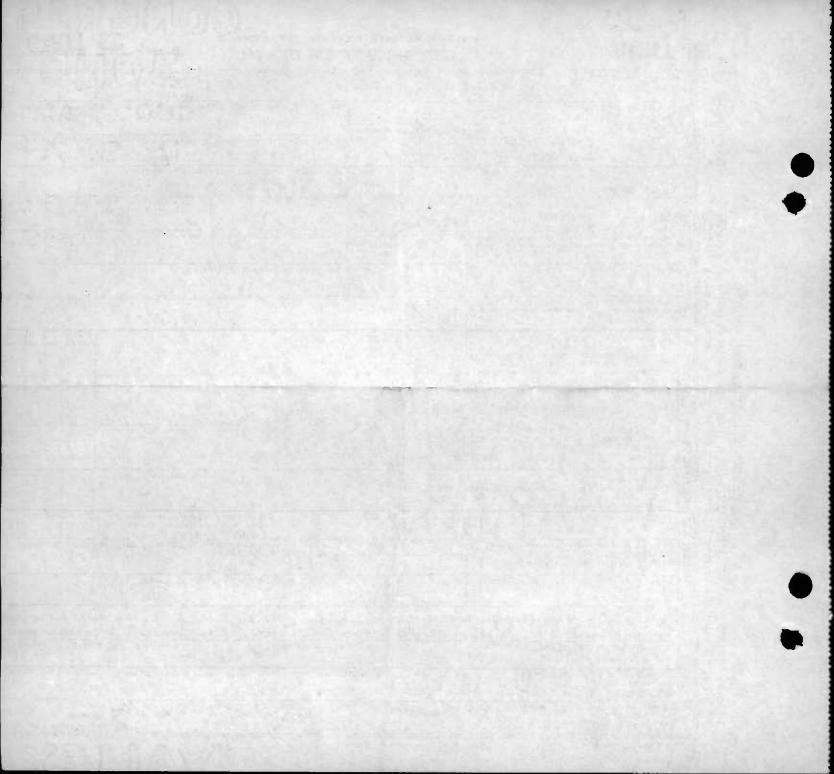


MARGIN RESERVED FOR BINDING

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11219

BIF	RTH NO.	
1. (Ty	NAME OF DECEASED Louis Mautner	2. DATE OF DEATH 12-20-53
A	PLACE OF DEATH: Baltimore City, Maryland Baltimore, Md.  FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Maryland Baltipere
HO	SPITAL OR Crawford Retreat location)  2117 Dennison St.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ا ا	Yrs.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore life Mos. Days	3307 Belle Ave.Balto-15, Md.
4	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.   181e   White   WIDOWED, DIVORCED (Specify)   Widowed	8. DATE OF BIRTH Oct. 3, 1864  9. AGE (In years Months: Days Hours Min. 2 18
10/ work	A. USUAL OCCUPATION (Givekindel 10B. KIND OF BUSINESS OR done during most of working life, even if retired)  Salesman  Mens clothing	Baltimore 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Ignatz Mautner	unknown
(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Mrs. Lena 1. Levy, 3307 Belle Ave
		OF DEATH INTERVAL BETWEEN
	76011	ONSET AND DEATH
	LEADING TO DEATH	nary Thrombosis
	heart failure, asthenia, etc. It means the disease,	2004 (1000)110)1415
	injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	Stensin C.V. distease
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	reptore C.V. astease
, E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	1 0.
N S	UNDERLYING CONDITION LAST.	nto cliver.
E		
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
B.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF DEATH, ENTER IN
0	21a. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (	PART I OR PART II YES NO e. g., In or 21C. WHERE DID (If In Baltimore City, give exact location)
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	bldg,,etc.) INJURY OCCUR?
244	OF INJURY	.E
	22. I hereby certify that I attended the deceased from	
	decreed aline on the 19 1013 and that death occur	red at I Am., from the causes and on the date stated above.
		38. ADDRESS 23C. DATE SIGNED
	NIG. Weedle/// M.D.	4215-Varh Hz 13 /home, 12/21/53
24 TIO	N PEMOVAI (Specify)	RY OR CREMATORY 240 LOCATION (City, town, or county) / (State)
	Charles Control of the Control of th	dship Cem. Baltimore, Laryland
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR R. Martin ADDRESS
,	DEC 21 AMERICAN	David R. Martin, 1902 Eutaw Place



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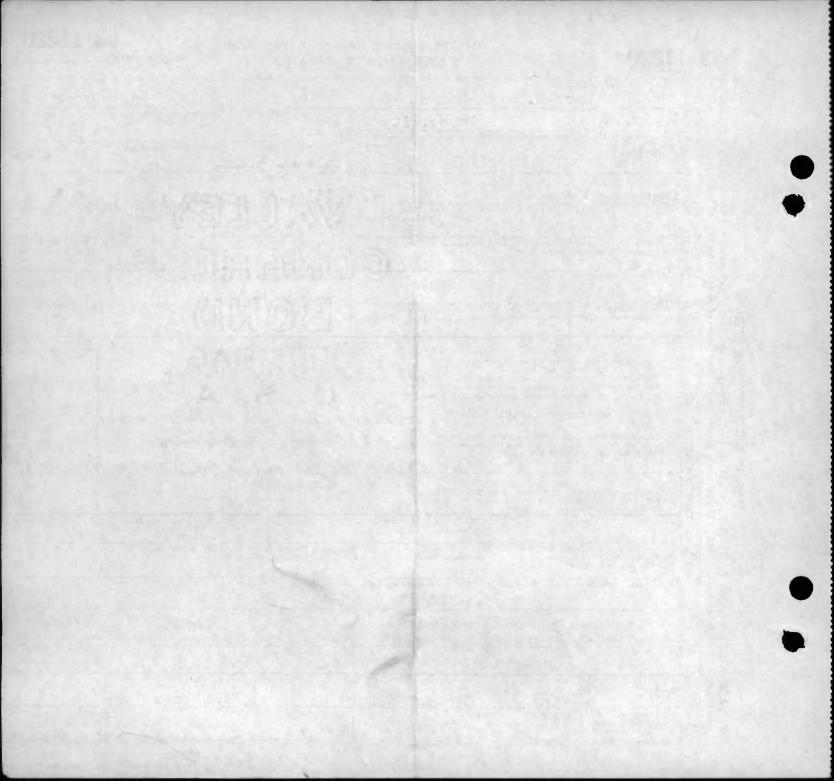
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	11220
Registered	No	

108 W. montgomen &

The	BIRTH NO.	L OF DEATH				
H	1. NAME OF DECEASED	2. DATE				
Ġ.	(Type or Print) Mary M. Smith Boone	DEATH 12/17/53				
carefully supplied legibly.	s. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, City	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before agmission)				
dn	B. FULL NAME OF (If not in hospital or institution, give street address	Monrilond				
8	HOSPITAL OP	c. CITY OR TOWN (If outside comprate limits, write RVR II. and give				
ulla.	Unversity Hospital	Baltimore, City L township)				
ibl	Yrs					
leg leg	c. Length of stay in Baltimore Life Mos	s   111 W.Montgomery Street				
nd b	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	S. DATE OF BIRTH  9. AGE (In years   1 Under 1 Year   1 Under 24 Hours   1 Under 24 Hours				
uld a	Female C M	8/II/I902 5I				
n should be clearly and l	IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of worklog life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?				
n s	Housewife	Balitmore Md.				
h	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
NDING information s of death cle	Harry Smith	Ida Leatherbury				
BINDING of inform	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS				
N in S	(Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	Ida Smith-804 Leadenhall Street				
R BIN em of i causes	18. Lan CAUSE	OF DEATH				
FOR item	18. 42011 CAUSE	ONSET AND DEATH				
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) Cleaneratry facility					
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death,) DUE TO					
VED Ever write	2	1. 11 .				
PG 1	ANTECEDENT CAUSES Myscardial mutufferen					
RESE INK. please	DISEASES OR CONDITIONS, IF ANY, GIVING					
H	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.					
MARGIN UNFADING Physicians:	(c)/////////	to the cury we then				
RC AD	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT DELATED TO THE					
MA	IN THE BEATH BUT NOT RECATED TO THE					
54	DISEASE OR CONDITION CAUSING IT.	OPERATION   IF OPERATION WAS RELATED TO   20, AUTOPSY?				
H.		CAUSE OF DEATH, ENTER IN PART I OR PART II				
ILY, WITH	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY	(e.g., io or 21C. WHERE DID (If in Baltimore City, give exact location)				
ort o	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, off	icobidg.,etc.) INJURY OCCUR?				
Z in	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR	RED 215, HOW DID INJURY OCCUR?				
	OF INJURY WHILE AT NOT W WORK AT WO	HILE				
FE PLAINLY, especially imp	A A	06.11 = 2 1				
	22. I hereby certify/that I attended the deceased from	to file , 10 3, that I last saw the				
TE	deceased alive (1) , 19 , and that death occ	urred at				
WRITE e is est	23A. SIGNATURE (LARONS SIGNATURE)	(001 N. Menne 1x 12/21/13				
0.0	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEME	TERY OR CREMATORY   24D. LOCATION (City, town, or county) (State)				
SE st a	TLON, REMOVAL (Specify)					
PLEAS	Burial   I2/23/53   Mount Aubu	rn Ct   Baltimore City   Baltimore City   Address   Baltimore City   Address   Baltimore City   Baltimore Ci				
PL	LOCAL REGISTRAR	19 190				
	The state of the s	MARICAL NOWNAMA				

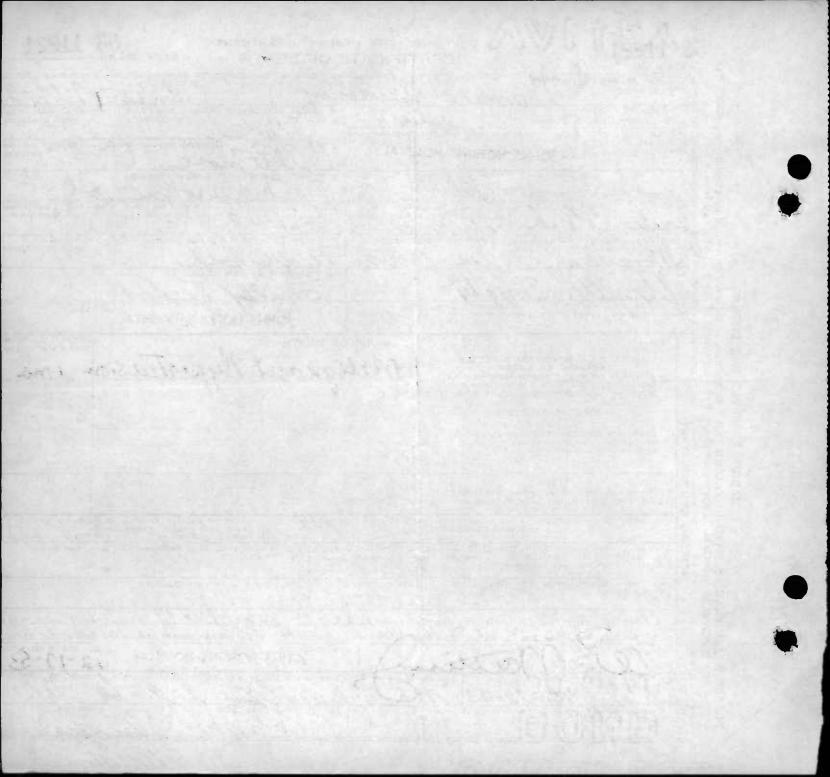


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## BALTIMORE CITY HEALTH DEPARTMENT

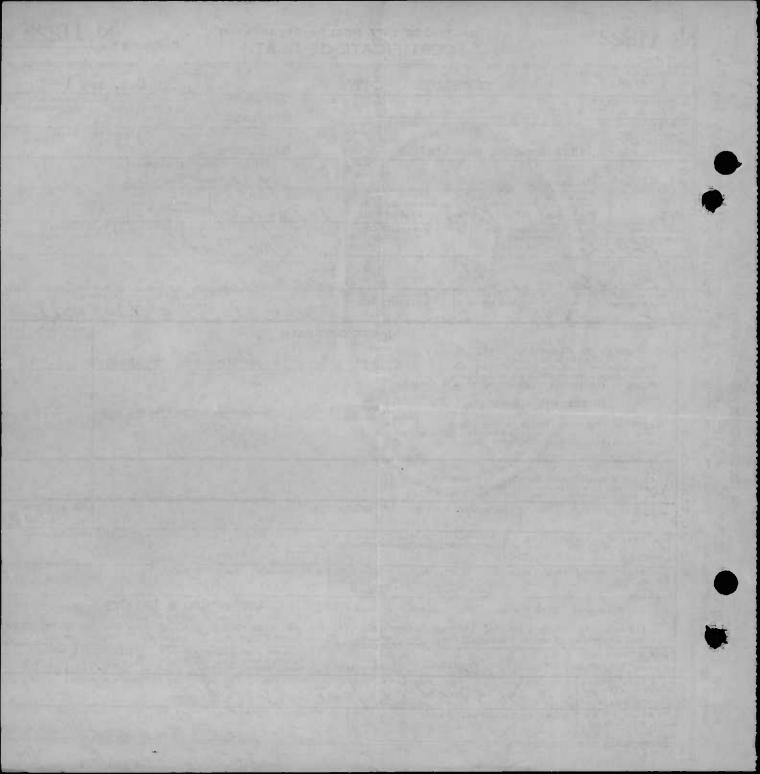
53	11221
Registered No	

		CERTIFICAT	E OF DEAT	TH Registered	No.
1.	NAME OF DECEASED (ype or Print)	. Livee	ney	2. DATE OF DEATA QC.	-17-19-3
A.	PLACE OF DEATH: Baltimore City, Maryland	Osler 4	A. STATE		finstitution: residence before admission)
H	OSPITAL OR	logution		(If outside corporate print	s, write VUIAV and give township)
c.	Length of stavin Baltimore	Yrs. Mos.	D. STREET ADDR	RESS Off rural, give location)	St.
le	SEX   PAOLOR OR RACE   7. SING	LE. MARDIED.			it Under 1 Year on the Days Hours Min.
	dededuring most of working life, even if retired)			(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13		t word	14. MOTHERS M	AIDEN NAME	
15 (Yo	. WAS DECEASED EVER IN U. S. ARMED FORCES's, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	S HOPKINS HOSPITAL	ADDRESS
	18. 445X			. 11 -	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser	g., (A) Mal	ignaul	Myperlus	ion ino.
	ANTECEDENT CAUSES	th.) DUE TO	•		
TION	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING 'UNDERLYING CONDITION LAST.	ING			
LIFIC/	11	(C)			
CERI	OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED OISEASE OR CONDITION CAUSING IT.	TO THE	-		
CAL	√ WAS PERF	ORMED		CAUSE OF DEATH, ENTER PART I OR PART II	IN YES NO D
MEDI	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				, give exact location)
	21D TIME (Month) (Day) (Year) (Hour) OF INJURY m.	WHILE AT NOT WHI	LE	V DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased alone of C-17, 19	e deceased from Land that death occu	rred at 1/22 5	h., from the causes and on t	that I last saw the the date stated above.
	23A. 78 7 3 1 1 0 1 D	Commo.	10HNS	HOPKINS HOSPITAL	12-17-53
TU 0	Juna 12-22-03	WAS CONTRACTED TO	luxxy D	Ton A. A. U	i he
		WILLIA 6	25. FUNERAL DI	RECTOR SALLER SAL	ADDRESS
			100		derre
	MEDICAL CERTIFICATION	I. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution)  C. Length of stay in Baltimore  ESSEX  DISTANCE  10A. USUAL OCCUPATION (Give kind of work of baddwing most of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of work of baddwing most of working life, even if retired)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)  (If yes, give war or dates of service)  18. LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diseinjury or complication which caused dea  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVERISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  19A. DATE OF OPERATION  19A. DATE OF OPERATION  19B. CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21A. ACCIDENT WAS UNDERLYING Above OF INJURY  22I I hereby certify that I attended the deceased alive of CAUSE (A) (19 Jane 1) (19 Jane 1) (19 Jane 2) (	EIRTH NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  IOHNS HOPKINS HOSPITAL  A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) IOHNS HOPKINS HOSPITAL  Yes, Mos. Days  E. SEX  IOA. USUAL OCCUPATION (Give kind of 10 by KIND OF BUSINESS OR 100 by KIND O	DIRTH NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or Hospital Or Institution, give street address or Hospital Or Institution, give street address or Hospital Or Institution  DINTS HOPKINS HOSPITAL  7. SINGLE: MARPIACO.  2. Jength of stay in Baltimore  JOHNS HOPKINS HOSPITAL  Days  D. STREET ADD.  ADATE OF BUSINESS OR  11. BIRTHPLACE  11. BIRTHPLACE  12. INDUSTRY  12. INDUSTRY  13. FOFTHER'S NAME.  14. MOTHER'S ADD.  15. SCOLAL  TO INDUSTRY  16. SCOLAL  TO INDUSTRY  17. INFORMANT SECURITY NO.  17. INFORMANT SECURITY NO.  18. CAUSE OF DEATH  TO INFORMANT SECURITY NO.  ANTECEDENT CAUSE OF DEATH  TO THE DEATH BUT NOT RELATED TO THE  DISEASES OR CONDITION LAST.  DUE TO  DISEASE OR CONDITION LAST.  19A. DATE OF DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSE OF DEATH  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSE OF DEATH  D. STREET ADD.  D. STREET ADD.  ANTECEDENT CAUSE OF DEATH  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSE OF DEATH  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSE OF DEATH  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSE OF DEATH  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDIT	EBITH NO  I. NAME OF DECEASED (Type or Print)  S. PLACE OF DEATH  D. STREET ADJRESS (If rural, giv) Coation)  C. J'Y OR YOUNG  C. J'Y OR YOUNG  (If outside corporate plant  S. PLACE OF DEATH  S. CONTY  TYN  Mos.  D. STREET ADJRESS (If rural, giv) Coation)  SEX  JOANNIA  SEX  JOANNIA  10. JULIA DOCUMATION (Givs) Index of service)  SEX  JOANNIA  11. BIRTHPLACE (State or foreign country)  TO JULIA DOCUMATION (Givs) Index of service)  SECURITY NO.  11. BIRTHPLACE (State or foreign country)  TO JULIA DOCUMATION (Givs, giv over or date of service)  TO JULIA DOCUMATION (Givs, giv over or date of service)  TO JULIA DOCUMATION (GIV)  (Pas, giv over or date of service)  TO JULIA DOCUMATION (GIV)  (Pas, giv over or date of service)  TO JULIA DOCUMATION (GIV)  (Pas, giv over or date of service)  TO JULIA DOCUMATION (GIV)  (Pas, giv over or date of service)  TO JULIA DOCUMATION (GIV)  (Pas, giv over or date of service)  TO THE SECRETARY (SAIN)  TO THE SECRETARY (SAIN)  DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heat failure, salenia, e.e.) Englant (see the sease, inpury or complication which caused death.)  DISEASE OR CONDITIONS, IF ANY, GIVING  BISEASE OR CONDITIONS, IF ANY, GIVING  TO THE SEARCH (SAIN)  DISEASE OR CONDITION (GIV)  SECURITY NO.  DISEASE OR CONDITION (GIV)  TO THE SEARCH (SAIN)  DISEASE OR CONDITION (GIV)  SERVICE OF DEATH, INTER  CAUSE OF DEATH  TO THE SEARCH (SAIN)  T



D E		EALTH DEPARTMENT 53 E OF DEATH Registered No.	11222
	I. NAME OF DECEASED (Type or Print)  CORNELIUS PIT	rs 2. DATE OF DEC. 1	6, 1953
ig 1	3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insome A. STATE B. COUNTY Maryland	titution : residence before admission
y sup	S. FULL NAME OF (If not in hospital or institution, give street address or location institution)  Tohng Honking Hoggidal		grise RUR V and giv
gibly.	Johns Hopkins Hospital Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
	c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years II Und	er l Ysar M Under 24 Houss as Days Hours Min.
	Male Colored    Colored		C. CITIZEN OF WHAT COUNTRY
ation s	13. FATHER'S NAME PATRICLE TO THE	14. MOTHER'S MAIDEN NAME	
of of of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Dannet Fills 120	RESS / Mahlersh
Every item of ite write the causes	DISEASE OR CONDITION DIRECTLY	OF DEATH  OSCLETOTIC cardiovascular diseas	INTERVALUE WEE
IG INK	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
UNFADING INK. Physicians: please	OTHER SIGNIFICANT CONDITIONS CON-		
н		RATION	YES NO X
Y, WITH important.	218. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  about home, farm, factory, street, office bldg.		e exact location)
Al Y, Illy impo			
PL	the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause 23 SIGNATURE	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the 28 M, aecident [], suicide [], homicide [], und 23B. CHIEF MEDICAL EXAMINER 23C. ASSISTANT MEDICAL EXAMINER 23C.	day stated above letermined □.
PLEASE WR correct age is		M.D.) MEDICAL INVESTIGATOR DECEMBERY OF CREMATORY 24D. LOCATION (City, town, or	county) (State)
PL	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AMBERS	DDRESS
	V S 151	217 E. Presi	ton SX

MARGIN RESERVED FOR BINDING



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3	11223 RTH NO.				EALTH DEPARTMENT E OF DEATH	Registered N	11223
1.	NAME OF D	eceased Mrs. He	len M	Matacotta		2. DATE OF DEC.	18,1953
Α.		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived, If	institution : residence before admission
H	FULL NAME OSPITAL OR STITUTION			on, give street address or location) Avenue		outside corporate limit	s, vile WRAL and giv township
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (IF 4241 Sheldar		
	sex emale	6.COLOR OR RACE	WIDOW	. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH May 22, 1905		under I Year If Under 24 Hours Min.
work	at ho		10B. KIND	OF BUSINESS OR INDUSTRY	Baltimore, Man		12. CITIZEN OF WHAT COUNTRY
		G. Coonan			Rose Kimmerle		
15 (Yes	. WAS DECEASE , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. August J.		DDRESS 1241 Sheldon
ERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEA in to mean the mode of the complex	FH dying, e. g ns the disease aused death. EES FANY, GIVIN STATING TH	DUE TO	nome of G legt Tutor	times	ONSET AND DEATH
CERTIF	TRIBUTING	II SIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
EDICAL	21A. ACCID LYING OF	ENT WAS UNDER-	218. PLA	CE OF INJURY (e. g., i arm, factory, street, office hidg.,	n or   21c. WHERE DID (	If in Baltimore City, g	20. AUTOPSY? YES NO (a) give exact location)
M	22/I hereb deceased d	DEATH (Month) (Day) (Year)  The certiff that I at the on the state of	m. rended the	M. D.	red at m., from to 38, ADDRESS Below	the causes and on the	that I last saw the date stated above 23c. DATE SIGNED
710 TI	on REMOVAL (S	CREMA- 24B. DATE Specify)			e eme r Cem B	alt imore, N	

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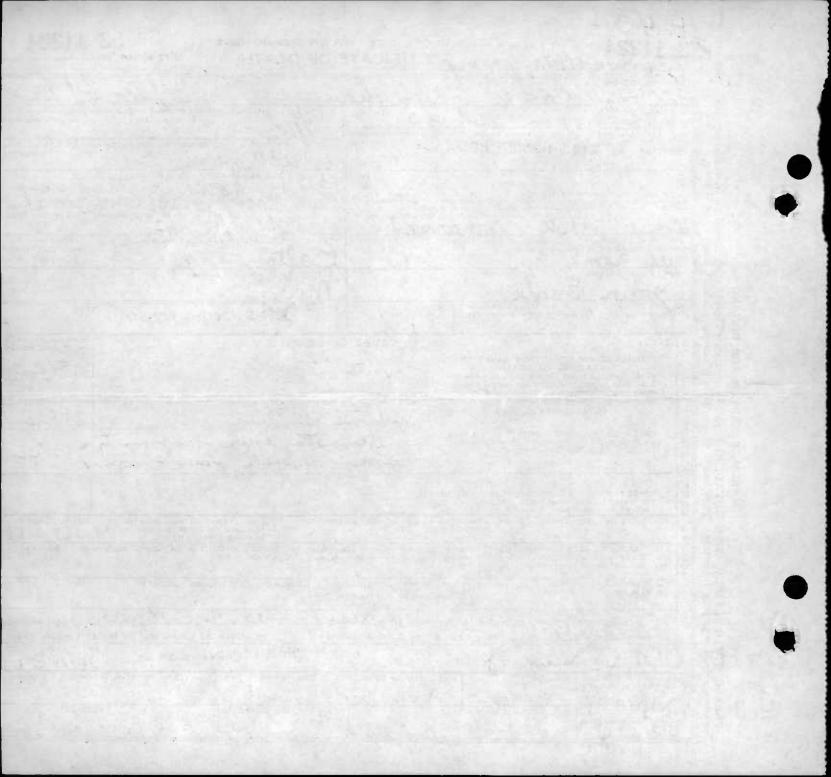
DATE RECEIVED BY LOCAL REGISTRAR

Mary land ADDRESS 25. FUNERAL DIRECTOR

Ruck. 5305 Hafford Road. Dr. Polek CED 4200 Sheldon LA -77756 3603 BelAik 6-9 SAT THE STATE OF THE S

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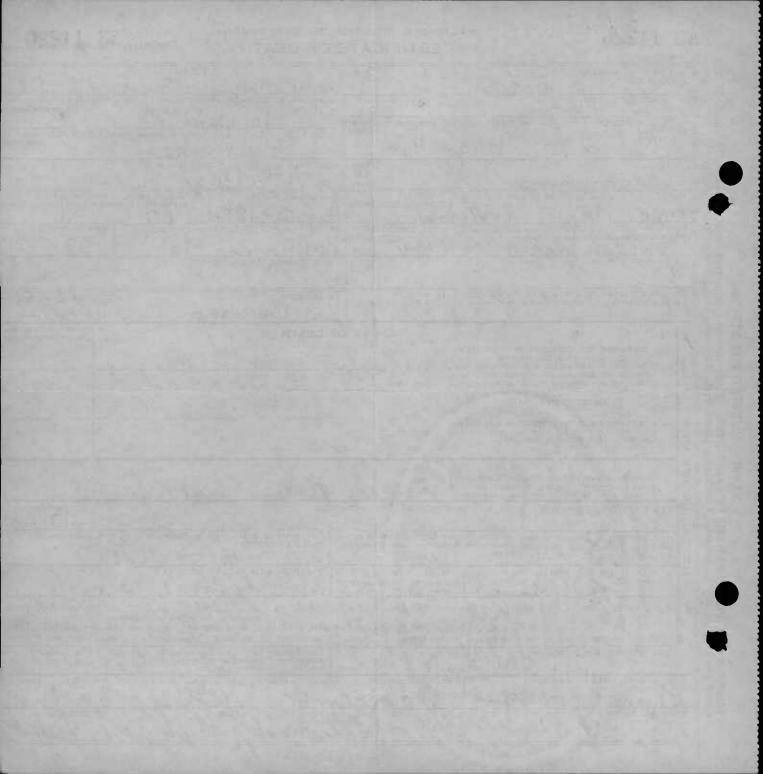
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12. CITIZEN OF

ADDRESS

BINDING

FOR

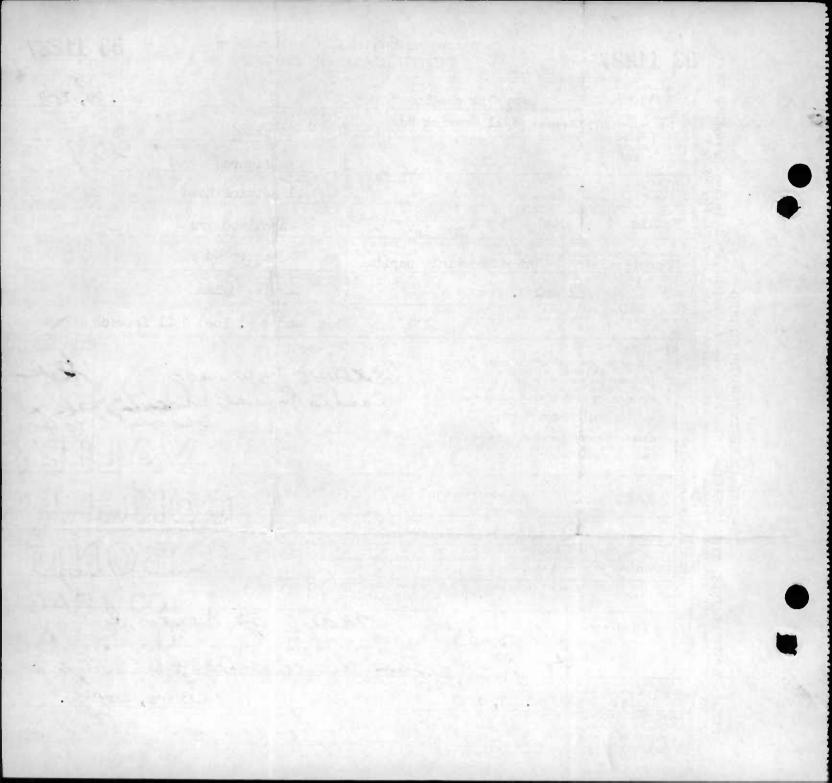


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3 113 BIRTH NO.	22	7

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 11227

The	BI	CERTIFICAT	E OF DEATH Registered No.
	1.	NAME OF DECEASED  Value or Print)  Mary Blanche Yoe	2. DATE OF DEATH Dec. 20, 1953
ıpplie	A.	PLACE OF DEATH: Baltimore City, Maryland 3921 Keswick Rd FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) Maryland
d be carefully supplied. and legibly.	HC	SPITAL OR location	c. CITY OR TOWN (If outside corborate limits write R) RAL and give township)  Baltimore
gibl		Llfe yrs. Mos.	3027 Kaswick Road
ild be cand le	5.	Length of stay in Baltimore  SEX   6. COLOR OR RACE   7. SINGLE. MARRIED.   WIDOWED, DIVORCED (Specif Single   Single	8. DATE OF BIRTH   9. AGE (In years   If Under 1 Year   If Under 24 Hours
n should clearly an	work	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) Receptionist Union Memorial Hospital	11. BIRTHPLACE (State or foreign country) Baltimore Md   12. CITIZEN OF WHAT COUNTRY?
atic		Michael J. Yoe	14. MOTHER'S MAIDEN NAME Cassie Moylan
BINDING of inform uses of dea	15 (Ye	. WAS DECEASED EVER 1N U, S. ARMED FORCES? 16. SOCIAL , no or unknown) (If yes, give war or dates of service) SECURITY NO.	riss Nannie E. 10e 3921 Neswick Road
FOR BINI		72011	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ESERVED INK. Every lease write	ATION	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Sive Earonare The Land Vasente al Siene
MARGIN R UNFADING Physicians: p	ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
Irl .	AL C	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OWAS PERFORMED	OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH. ENTER IN YES NO PART II
ILY, WITH important.	IEDIC/	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., ia or 21c. WHERE DID (If in Baltimore City, give exact location)
PLEASE WRITE PLAINLY, correct age is especially imp	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY WHILE AT NOT W.  MORK AT W.	HILE CORK
re PL especia		22. I hereby certify that I attended the deceased from deceased alive on 3 and that death occ	nurred it. A. m., from the causes and on the date stated above.
E WRI	-	23A. SIGNATURE  SOME D.  4A. BURIAL, CREMA- 245 DATE  24C. NAME OF CEME	23g. ADDRESS 23g. DATE SIGNED 23g. DATE SIGNED 23g. PORTERY ON CREMATORY 24b. LOS (ON (City, town, or county) (State)
EASE rect a	TI	Burial Dec. 23, 1953 Cathe	
PLI		ATE RECEIVED BY COAL REGISTRAR'S SIGNATURE	JW Mears Son 8057 Edwert St.
		VS Y56 390	87



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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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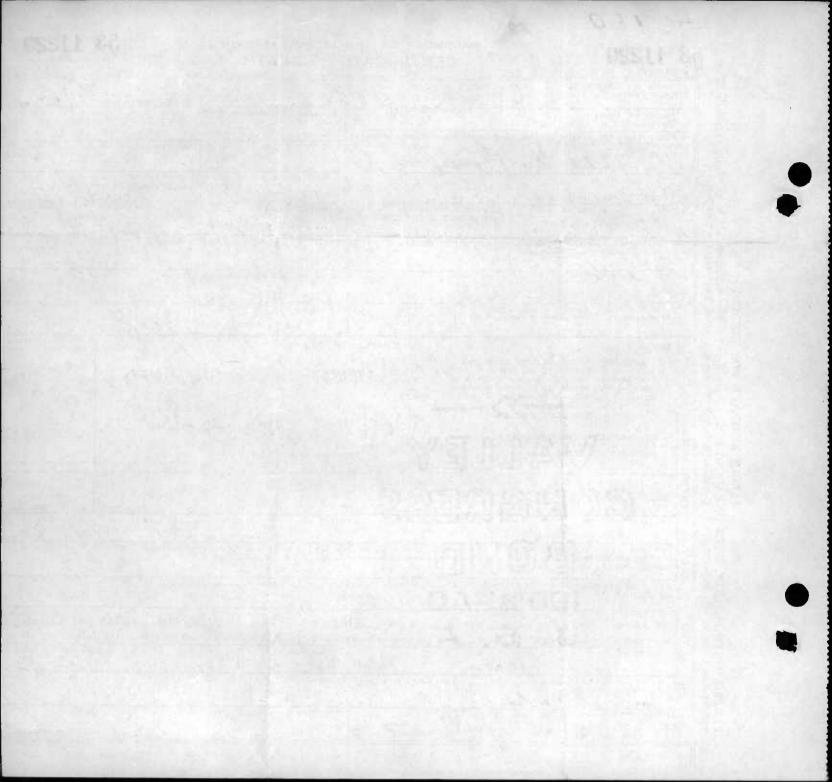
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12.	1. (Ty	NAME OF Di		etta	Jones			OF Dec.	18. 1953
pplied	3.1	PLACE OF D	EATH: City, Maryland			A. STATE	SIDENCE (W		If institution: residence before admission)
e carefully supplied. legibly.	B. F	SPITAL OR STITUTION	OF (If not in hospits	City Ho	on, give street address or <b>spitals</b> location)	c. CITY OR TO	own (If	e 2	nts, write KURA and give in manip)
caref	5	Length of s	tay in Baltimore	7	Yrs. Mos. Days	D. STREET AD		rural, give location) okert Drive	zone 25
should be early and le	-	sex Female	6. COLOR OR RACE	7. SINGLE. WIDOWE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF B		9. AGE (In years	H Under 1 Year H Under 24 Hours Months Days Hours Min.
on shou	10. work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA		reign country)	12. CITIZEN OF WHAT COUNTRY?
ati	13	FATHER'S	IAMÉ			14. MOTHER'S	MAIDEN NA	AME	
R BINDING		. WAS DECEASI	ED EVER IN U. S. ARMET (If yes, give war or date	FORCES? a of servico)	16. SOCIAL SECURITY NO.	B. C. H.		stern Ave.	ADDRESS (records)
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Ht .	L CI	THE RESERVE OF THE PERSON NAMED IN COLUMN 1	OF OPERATION O		TION FOR WHICH O		PART I	TION WAS RELATED OF DEATH, ENTER OR PART II	IN YES NO
ILY, WITH important.	IEDICA	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   about home, farm, factory, street, office				e bldg.,etc.) INJUF	WHERE DID	(If in Baltimore Ci-	ty, give exact location)
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TE PLAIN		deceased a		tended the 18,19.53	and that death occu	11-29 rred at 10:3	19.53, to	12-18, 19 the causes and or	53, that I last saw the a the date stated above.
WRI ige is	.2.	23A. SIGNA	Ky b	ohm Va	M. D.	49	ORY 249 L	ocation (city, to	12-18-53
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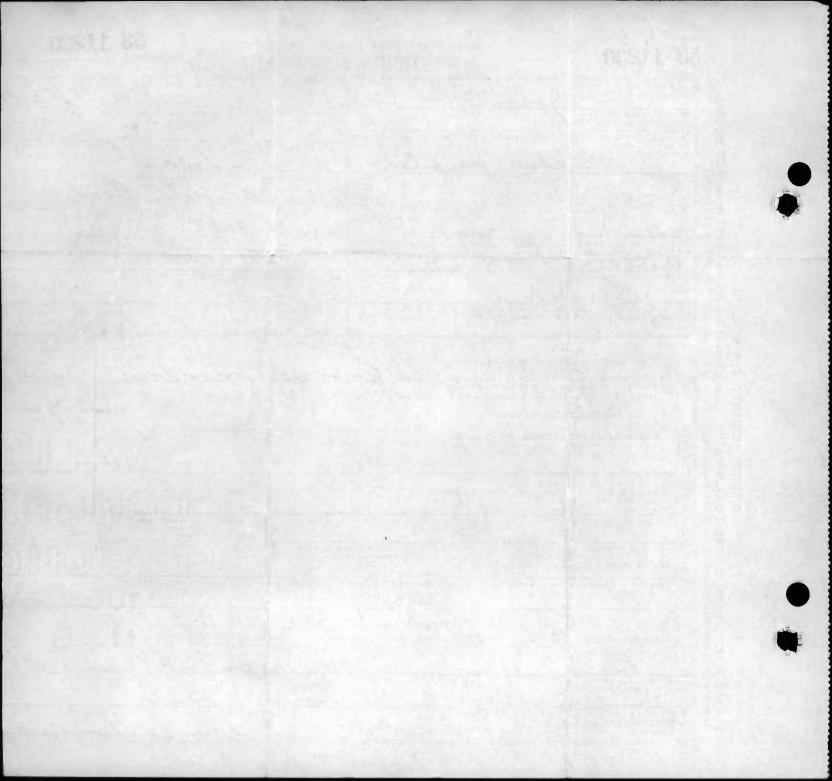
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	J	7-150 BALTIMORE CITY HEA	
The	BI	CERTIFICATE CERTIFICATE	
		NAME OF DECEASED Ohn C Lob	len 2. DATE OF Der 19/53
ippli	Α.	. During Cooy, Hang fame	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE  B. COUNTY  before a mission
carefully supplied.	HO	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RULAL and give township
refu	9	Yrs. Mos.	O. STREET ADDRESS (If rural, give location)
be ca	c.	Length of stay in Baltimore Days   Days   Days	8. DATE OF BIRTH 9. AGE (In year) If Under 1 Year   If Under 24 Hours
uld y an	7	Male, While mayer	Orea 25 1887   last birthday) Months Days Hours Min.
NDING information should be careful of death clearly and legibly.	10 work	OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY)	11. BIRT PLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
r natio	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
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R BINI	(Yes	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Wesley C. Folen 122/ N Bradford
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RESERVED FINK. Every please write th		injury or complication which caused death.) OUE TO	6 1 1 2
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	AL C	19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPE	ERATION   IF OPERATION WAS RELATED TO 20. AUTOPSY?  CAUSE OF OEATH, ENTER IN PART I OR PART II YES NO
WIJ	DIC/	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bl	.g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
AINLY, WITH	ME	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	The state of the s
PLA ecial]		22. I hereby certify that I attended the deceased from Que	19 4 , 1953, to Dec 19 , 1953, that I last saw th
TE		deceased alive on Dec 11, 1953, and that death occurr	
WRI e is		23A. SIGNATURE POKAT My M.O.	2200 E Madison St 12/20/53
SE t ag	2.4 TI	24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, Yown, or county) (State)
PLEASE WRITE PLA correct age is especial	D.	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS



The	11230 1100	LTIMORE CITY HEALTH DEPART	
	AME OF DECEASED John O	Corbin	2. DATE OF DEATH DEW/8/33 ENCE (Where deceased lived, If institution; residence
lddns	altimore City, Maryland	ation, give street address or	nd B. COUNTY • before admission)
efully oly.	Hopking Ho	C. CITY OR TOWN  Yrs.  D. STREET ADDRE	undalk township)
e car	ength of stay in Baltimore  EX   6.COLOR DR RACE   7.SING	Mos. Days 70/6 7	Youngton Road
ould P		WED, DIVORGED (Specify) June 25/	(1900 (last birthday) Months Days Hours Min.  53 State or foreign country)   12, CITIZEN OF
ion sh h clean	one during most of working life, even if retired)  AUCH  ATHER'S NAME	pelal INDUSTRY W Vo	WHAT COUNTRY?
ING format f deatl	West Deceased ever in U. S. ARMED FORCES?	I6. SOCIAL 17. INFORMANT	ADDRESS
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FOR 1	B. HOLD I DISEASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying, e	· Parasi o	Thereshouses Tuess
Every ite	heart failure, asthenia, etc. It means the disci injury or complication which caused dear	ase,	
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GIN I	UNDERLYING CONDITION LAST.	(C)	
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AINL	ID. TIME (Month) (Day) (Year) (Hour) FINJURY m.	21E. INJURY OCCURRED 21F. HOW WHILE AT NOT WHILE AT WORK 21F. HOW	DID INJURY OCCUR?
ITE PLAINLY,	22. I hereby certify that I attended the deceased alive on 12-2, 1953	e deceased from 6 - 3 194. and that death occurred at 2 35 pm.	L to $L$ = 2, 192 $L$ , that I last saw the from the causes and on the date stated above.
PLEASE WRITE correct age is esp	Equalus 7. News	M. D. 700 MON	uin glon Roll hundalk Md 4.  240. OCATION (City, town, or county) (Citate)
PLEASE correct a	BURIAL, CREMA- 248. DATE / REMOVAL (Specify)  Dud2/53  E RECEIVED BY A REGISTRAR'S SIGNA-	Ball Nalymal	Bulb Address
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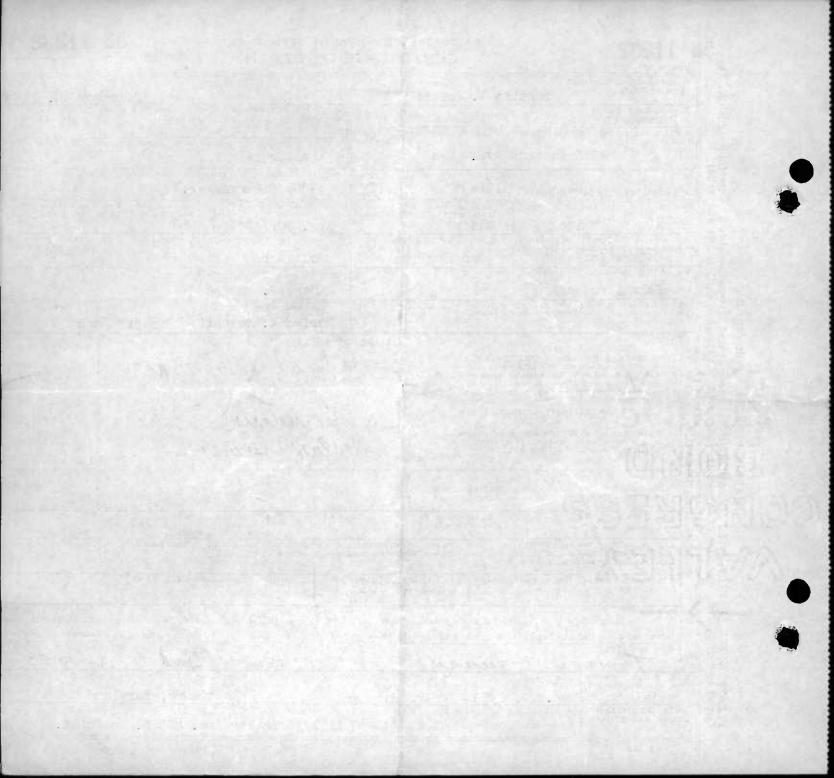
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# BALTIMORE CITY HEALTH DEPARTMENT

53	11232
Registered No	

BIRT	1232 TH NO.		DA.	CERTIFICATE OF DEATH				Registered No.		
(Trees	NAME OF DECEASED (Type or Print) Rosetta V. Moscati						4	2. DATE OF DEATH	Decen	mber 18, 195
3. PI	altimore (	City, Maryland	A. S		pence (W	here deceased B. COU		stitution : residence before admission		
HOS	PITAL OR	3305 Gibbons		TY OR TOW Baltimo		outside corper	ate In its	which the Land give township		
c. L	ength of s	tay in Baltimore	Yrs. D. S' Mos. Days	3305 Gibbons Ave						
5. si	male	6.COLOR OR RACE	7. SINGL WIDOV Wido	E. MARRIED. VED, DIVORCED (S	pecify)	ate of BIRT		9. AGE (In last birth	years     Un day)   Mont	der I Yest   If Under 24 Rour hs Days   Hours Min
work do	Housew			O OF BUSINESS O	STRY 11. B		(State or fo	oreign country	) 12	2. CITIZEN OF WHAT COUNTRY
13. F	Salvat	ore Romano	14. N	14. MOTHER'S MAIDEN NAME Mary F. Manfre						
15. \ (Yes, n	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es. no or unknown) (If yes, give war or dates of service) SECURITY NO.					17. INFORMANT ADDRESS Marius A. Moscati 1205 3rd Road				
RTIFICATION	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) JULIAN OLD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)							Cord	io-	15 yrs
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
- 1	9A. DATE O		9B. CONDI AS PERFO	TION FOR WHIC	H OPERAT	ION	CAUSE O	TION WAS RE F DEATH, E OR PART II		20. AUTOPSY?
ED	R CONTRIE	NT WAS UNDERLY! UTING CAUSE OF IFY MEDICAL EXAMINE	about	PLACE OF INJU home, farm, factory, street	RY (e. g., in t, office bldg., etc	2 IC, WHE	ERE DID (		ore City, gi	ve exact location)
	10. TIME ( F INJURY	Month) (Day) (Year)	URRED	LE						
		y certify that I att			occurred a	rred at 58 m., from the causes and on the date stated above				
2	3A. SIGNA	was J. B	reure	an M.	23B. AI	DRESS 17 Hav	rford	Road		23c. DATE SIGNED
	. BURIAL, ( REMOVAL(S Irial	pecify) Dec. 22.	1953	Holv Rede		CREMATOR	U	timore.	Maryla	
DAT	E RECEIVE	D BY   REGISTRAR			25. F	UNERAL DI	RECTOR	nc. 403	A	DDRESS

VS 150



V S 151 55083

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

ONSET AND DEATH

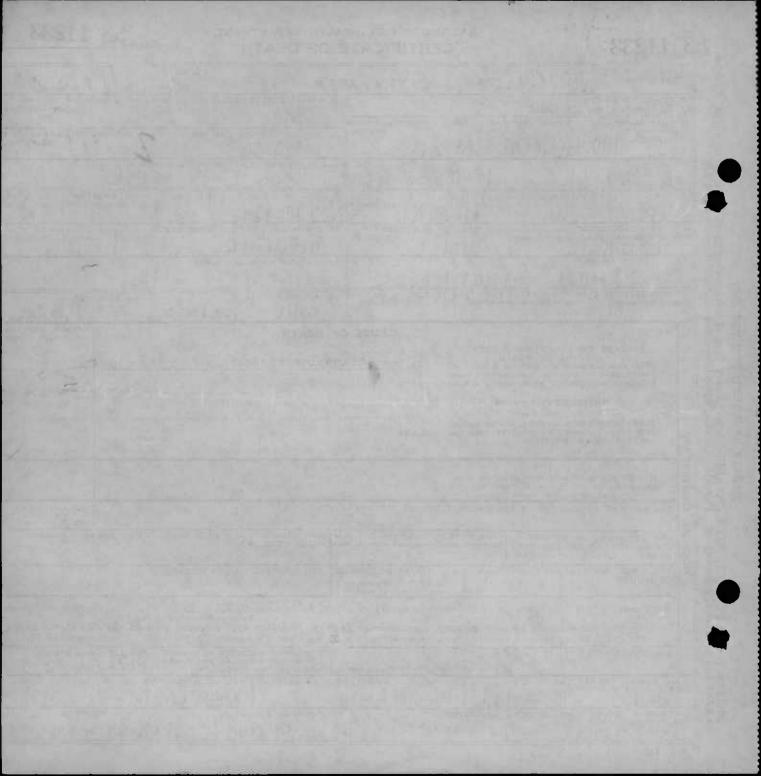
20. AUTOPSY

thereon and from

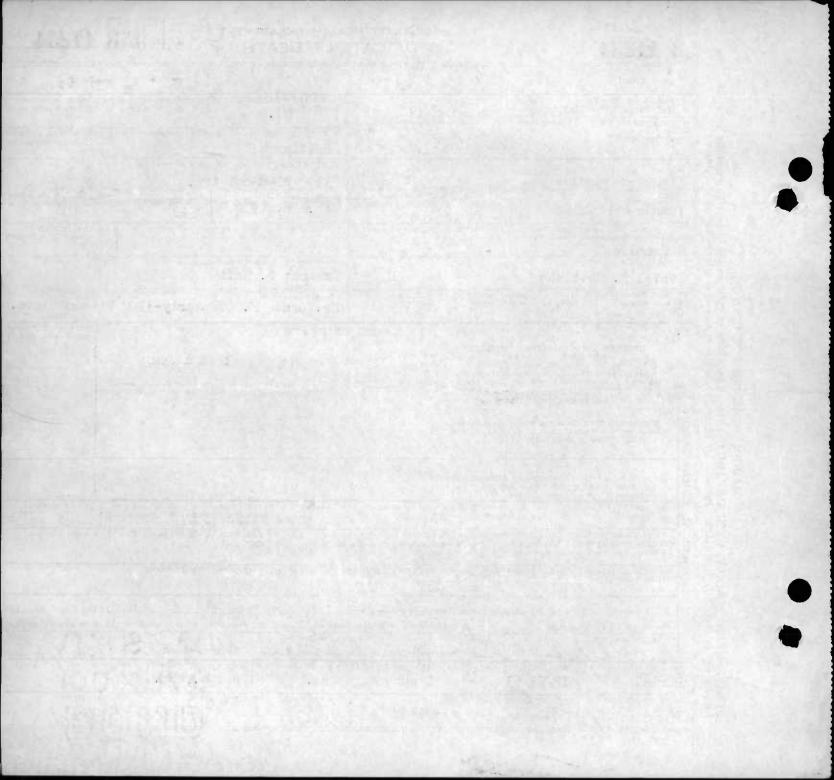
ADDRESS

(State)

RETWEEN



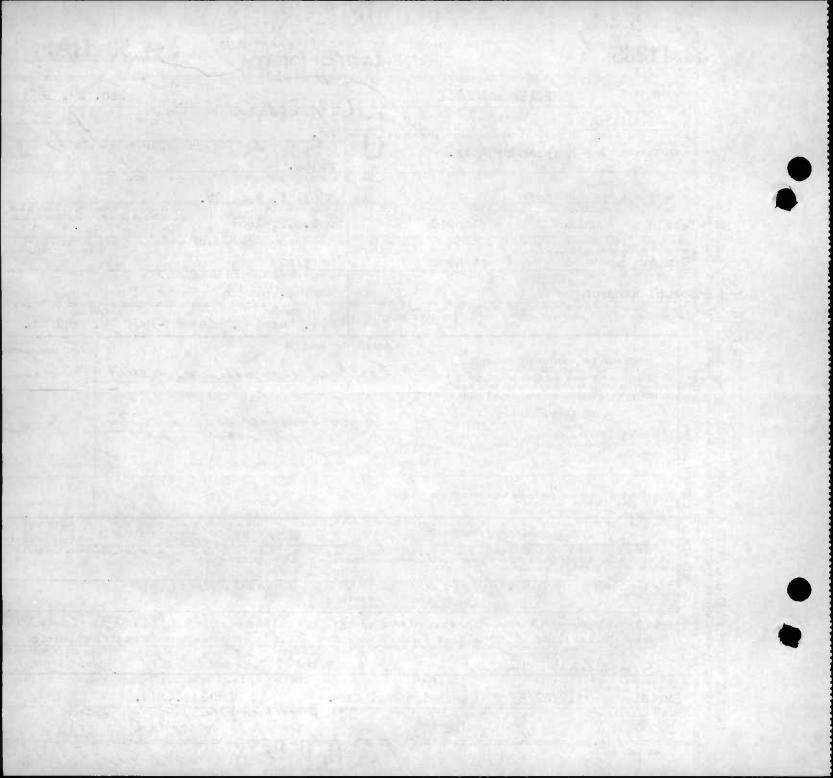
The	24	CERTIFICAT	CERTIFICATE OF DEATH  Registered No. 11234								
CV-050	1. (T:	NAME OF DECEASED Catherine  War earel/ DAUGHERT	2. DATE OF 12. 18.53.								
nppli	A.	PLACE OF DEATH: Baltimore City, Maryland BALTIMORE City FULL NAME OF (If not in hospital or institution, give street address br	[V] (I a	sidence admission)							
carefully supplied.	HC	STITUTION Sinai Hospital location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)								
should be care learly and legibl	-	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, gife location)  3300 Piedmont Ave.								
	5.	Length of stay in Baltimore  SEX  6. COLOR OR RACE  wildowed, Divorced (Specify)  married	8. DATE OF BIRTH 9. AGE (In years) If Under I Year   If	Under 24 Hours ours Min.							
on sho	work	A. USUAL OCCUPATION (Glvekindof doneduring most of working life, even if retired)  OUSEWife	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?								
atic	D	aniel E. Mattison	14. MOTHER'S MAIDEN NAME Frances L. Smith								
BINDING of inform uses of deg	(You	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mr. Vernon F. Daugherty-3300 Piedmont Ave.								
MARGIN RESERVED FOR WITH UNFADING INK. Every item ortant. Physicians: please write the capical CERTIFICATION	RTIFICATION	DISEASE OR CONDITION DIRECTLY	OF DEATH  ONSET A  ONSET A  ONSET A	ND DEATH							
	U	DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OWAS PERFORMED	DPERATION IF OPERATION WAS RELATED TO 20. AUTO CAUSE OF DEATH, ENTER IN PART I OR PART II	OPSY?							
	EDI	21a. ACCIDENT WAS UNDERLYING 21s. PLACE OF INJURY of CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or cebldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact locability, etc.) INJURY OCCUR?	cation)							
WRITE PLAINLY, e is especially impe	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  MHILE AT NOT WHI AT WORK NOT WHO	LE								
E PL.		22. I hereby certify that I attended the deceased from 9-24., 1953, to 12.18., 1953 that I last saw the deceased alive on 12-18., 1953 and that death occurred at 732 fm., from the causes and on the date stated above.									
WRI'		23A. SIGNATURE LOTHER M. D.	Suai Hospital 12/19	SIGNED							
LEASE orrect ag	TE	AA. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE 2N. REMOVAL (Specify) 12/23/53 Loudon Par	k Cem. Balto., Md.	(State)							
orr or		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR								



## BALTIMORE CITY HEALTH DEPARTMENT

Registered N	11235
receipted Ti	V-

BI	NAME OF D	ECEACED					2. DATE			
	ype or Print)		LANGRA	LL			OF DEATH	Dec	. 19,	1953
A. B.	Baltimore ( FULL NAME OSPITAL OR	City, Maryland OF (If not in hospital		on, give street address location	A. STATE		(Where deceased I B. COUI	NTY	befor	residence e admission)
()	STITUTION	The Marylande	er Apts	•	Balto.			1		township
_		tay in Baltimore		Yrs Mos Day	3501 S	t. Paul				
en	nale	6.COLOR OR RACE	Windo	MARRIED, ED, DIVORCED (Special WEQ	Sept. 2		9. AGE (In y last birthd			Hours Min.
H	ousewife	CUPATION (Give kind of of working life, even if retired)	at h	OF BUSINESS OR INDUSTR	Maryla	nd	foreign country)	12	2. CITIZE WHAT	OF COUNTRY
ar	.FATHER'S I	grose				. Biddle				
15 (Yes	. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORM		Siemonn-3		RESS • Pau	l St.
	heart failt	not mean the mode of are, asthenia, etc. It mean	ns the disease	2.	ebral u	asula	c aus		- / 0	days
ERTIFICATION	DISEASE RISE TO 1 UNDERL' OTHER SIG	re, asthenia, etc. It mear complication which can antecedent CAUS.  S OR CONDITIONS, IF the ABOVE CAUSE (A) YING CONDITION LAST II GNIFICANT CONDITIONS DEATH BUT NOT R	ns the disease aused death.  ES  F ANY, GIVING STATING THE ST.  CONTRIBUTELLATED TO	(B) (B) (C) (C) (C)	questin	•••••••••••••••••••••••••••••••••••••••	rterios d		> 4	pers
L CERTIFICA	DISEASE RISE TO 1 UNDERL' OTHER SIG	ANTECEDENT CAUS.  SOR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LAS  II SINIFICANT CONOITIONS DEATH BUT NOT R DE CONOITION CASING OF OPERATION   15	ns the disease aused death.  ES  FANY, GIVING STATING THIST.  CONTRIBUTELATED TO THE TO THE TO TO THE TO THE TO THE TO TO THE THE TO THE	(B) (B) (C) (C) (C) (TING THE	merten	if OPE	RATION WAS REL	LATEO TO		ltopsy?
L CERTIFICA	DISEASE RISE TO 1 UNDERL'  OTHER SIGNOSEASE CONSEASE CONTRE	ANTECEDENT CAUS.  SOR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LAS  II SINIFICANT CONOITIONS DEATH BUT NOT R DE CONOITION CASING OF OPERATION   15	rs the disease aused death.  ES  FANY, GIVING STATING THE ST.  CONTRIBUTE ST.  CONTRIBUTE ST.  CONTRIBUTE ST.  RELATED TO ST.  B. CONDIT ST.  PS. CONDIT ST.  RELATED TO ST.  BOOK DIT ST.  BOOK DIT ST.  RELATED TO ST.  BOOK DIT ST.	(B) (B) (C) (C) (C) (TING THE	OPERATION  (c. g., in or) 21C.	IF OPE CAUSE PART	RATION WAS REL OF DEATH. E. I OR PART II	LATEO TO NTER IN	20. AU	No 🗌
ERTIFICA	DISEASE RISE TO 1 UNDERL' OTHER SIK TO THE OISEASE C 19A. DATE C	ANTECEDENT CAUSE SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LAS  II SINIFICANT CONDITIONS DEATH BUT NOT R OR CONDITION CAUSING OF OPERATION  ENT WAS UNDERLY!! BUTING CAUSE OF	rs the disease aused death.  ES  FANY, GIVING THIST.  CONTRIBUTED TO 11T.  9B. CONDITANS PERFORM  NG 21B.  about h	(B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	DPERATION  (e. g., in or cobidg., etc.) INJ	IF OPE CAUSE PART WHERE DIE	RATION WAS REL OF DEATH. E. I OR PART II	LATEO TO NTER IN TRE City, gri	20. AU	No 🗌
L CERTIFICA	DISEASE RISE TO THE OISEASE OF LANDERLY DEATH (NOT LANDERLY DEATH	re, asthenia, etc. It mean complication which can complication which can anticomplication which can appear to the ADD CONDITIONS, IF HE ADD CONDITION LAST CONDITION LAST CONDITION CAUSING OF OPERATION IS WENT WAS UNDERLY!! WENT WAS UNDERLY!! (Month) (Day) (Year) and continued to the Condition of the Condition causing the Condition causing the Condition causing the Condition causing the Condition of the Condition causing the Condition can be conditioned to the Condition can be c	rs the disease aused death.  ES  FANY, GIVING STATING THIST.  CONTRIBUTELATED TO IT.  9B. CONDITATE TO IT.  9B. CONDITATE TO IT.  (Hour) 2  m. ended the ended the ended the ended death.	GE DUE TO  (B)  GE DUE TO  (C)  TING  THE  TION FOR WHICH  RMED  PLACE OF INJURY  NOME, farm, factory, street, off  PLE. INJURY OCCUR  WHILE AT NOT W  WORK  deceased from  deceased from	DPERATION  (c. g., in or 21C co bidg., etc.)  RED 21F.	IF OPE CAUSE PART. WHERE DIDURY OCCUR. HOW DID I	RATION WAS RELOOF DEATH. E. OR PART II	ATEO TO NTER IN re City, gi	20. AU YES ve exact	location)
MEDICAL CERTIFICA	DISEASE RISE TO 1 UNDERL'  OTHER SIGN TO THE OISEASE CONTRIBUTE OF INJURY  21A. ACCID OR CONTRIBUTE OF INJURY  22. I hered deceased a 23A. SINA	ANTECEDENT CAUSE SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LAS  II BUILDING CONDITION LAS  OF OPERATION IS BUT WAS UNDERLY!! BUT WAS UNDERLY! BUT WAS UNDERLY! BUT	random the disease aused death.  ES  FANY, GIVING STATING THE STATING THE STATING THE STATE STAT	(B)  (B)  (C)  (C)  (C)  (TING  THE  TION FOR WHICH  RMED  PLACE OF INJURY  come, farm, factory, street, off  WHILE AT NOT W  WORK  MORK  MORK  M. O.	OPERATION  (c. g., la or co bldg., etc.)  RED 21F.  HILE 21F.  WY 23B. ADDRESS 2929	IF OPE CAUSE PART WHERE DIL URY OCCUR HOW DID I	RATION WAS RELOF DEATH. E. OF D	ATEO TO NTER IN THE City, sind on the	20. AU YES Ve exact that I la date sto 23c. DAT	no location)  ast saw the state above the signed
MEDICAL CERTIFICA	other signature of the observed obse	ANTECEDENT CAUSE SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LAS  BISTIFICANT CONDITION BEATH BUT NOT RESTRUCTION CAUSING OF OPERATION IS WENT WAS UNDERLY II BUTING CAUSE OF THE WAS UNDERLY IN THE WAS U	rest the disease aused death.  ES  FANY, GIVING STATING THIST.  CONTRIBUTED TO IT.  PB. CONDITATED TO IT.  PB. CON	(B)  (B)  (C)  (C)  (C)  (C)  (C)  (C)	OPERATION  (c. g., in or 21c. cobidg., etc.)  RED 21f. cobidg., etc.)	IF OPE CAUSE PART WHERE DID URY OCCUR.  HOW DID I	RATION WAS RELOF DEATH. E. I OR PART III O (If In Baltimore) the causes an LOCATION (Cit Balto., Me	ATEO TO NTER IN re City, si	20. AU YES ve exact  that I la date sto 23c. DAT	ast saw thated above (State)
U ZEN MEDICAL CERTIFICA	DISEASE RISE TO 1 UNDERL'  OTHER SIT TO THE OISEASE CONTRIBUTION THE OISEASE CONTRIBUTION TO THE OF INJURY  21A. ACCID OR CONTRIBUTION TO THE OF INJURY  22. I hered deceased at 23A. SUNA	ANTECEDENT CAUSE SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LAS  SOR CONDITION LAS  SOR CONDITION LAS  FINISHED TO THE ABOVE CAUSE (A) YING CONDITION LAS  BENT WAS UNDERLY!! BUTING CAUSE OF FIFY MEDICAL EXAMINES  (Month) (Day) (Year)  TURE  CREMA 24B. DATE  12/22/53  D BY   REGISTRAR'S	rathe disease aused death.  ES  FANY, GIVING STATING THIST.  CONTRIBUTED TO THE STATE	(B)  (B)  (C)  (C)  (C)  (C)  (C)  (C)	OPERATION  (c. g., in or 21c. cobidg., etc.)  RED 21f. cobidg., etc.)	IF OPE CAUSE PART WHERE DID URY OCCUR. HOW DID I	RATION WAS RELOF DEATH. E. I OR PART III O (If In Baltimore) the causes an LOCATION (Cit Balto., Me	ATEO TO NTER IN re City, si	20. AU YES Ve exact that I la date sto 23c. DAT	ast saw thated above (State)



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Dec. 20, 1953

12. CITIZEN OF

WHAT COUNTRY?

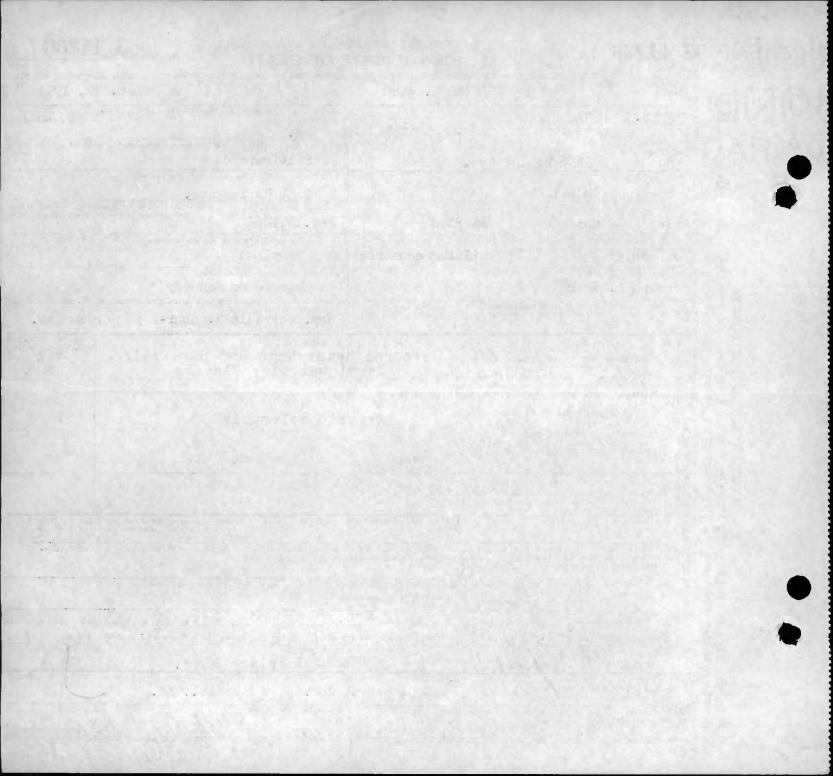
before admission)

township)

NAME OF DECEASED 2. DATE CHARLES L. ROHR (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or Md. C. CITY OR TOWN (If outside corporate limits write RURAL and give e carefully legibly. INSTITUTION Baltimore 2558 Harlem Ave. D. STREET ADDRESS (If rural, give location) Mos. 2858 Harlem Ave. c. Length of stay in Baltimore Days should be 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under I Year | If Under 24 Hours 7. SINGLE, MARRIED last hirthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Feb.16.1885 white male 10A. USUAL OCCUPATION (Givekindel) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) building constructi on Maryland information s carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph A. Rohr Mary Jane Kennedy BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO em of i CAUSE OF DEATH Every item write the cau 18. FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arterio sclerosis INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. MARGIN 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WITH WAS PERFORMED important. DICAL PART I OR PART II 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER PLAINLY, 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from Dec. 8 Dec. 20 deceased alive on Dec. 1953 WRITE 20 and that death occurred at. 23A SIGNATURE 23B. ADDRESS S 2220 Garrison Blvd. age 24A. BURIAL CREMA-TION REMOVAL (Specify) 24B, DATE SE 12/23/53 New Cathedral Cem. Balto. Md. PLEA DATE RECEIVED BY

7. INFORMANT Mrs. Carville M. Rohr-2858 Harlem Ave. INTERVAL BETWEEN ONSET AND DEATH Cerebral hemorrhage and paralysis, Cardiovascular disease mos. IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 1953 that I last saw the Pm., from the causes and on the date stated above. 23c. DATE SIGNED 12/21 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) FUNERAL DIRECTO REGISTRAR'S SIGNATURE

LOCAL REGISTRAR VS 150



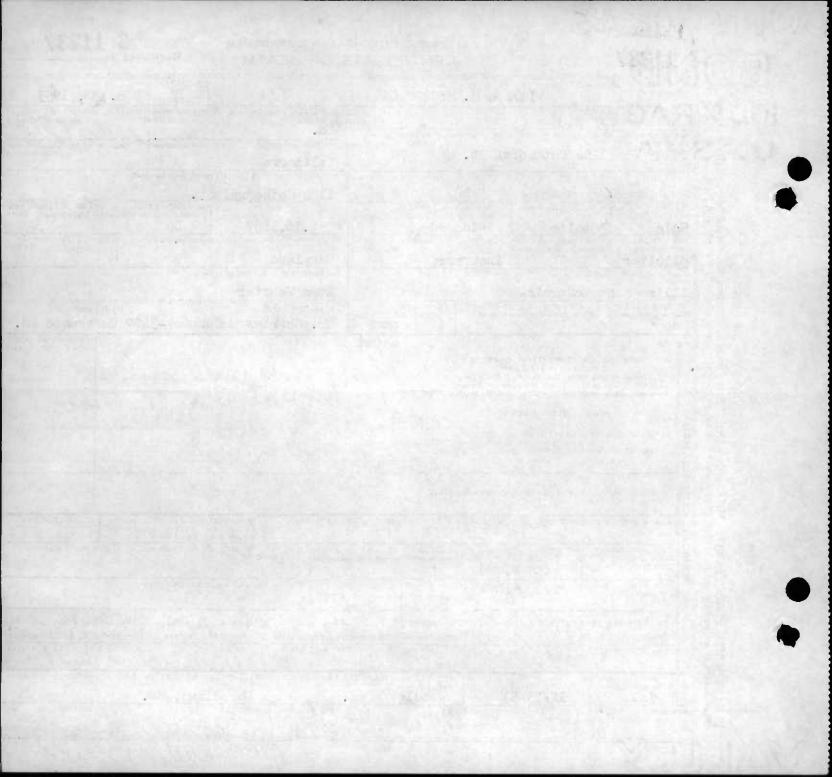
## BALTIMORE CITY HEALTH DEPARTMENT

53 11237

The The	B 11237 CERTIFICA	TE OF DEATH Registered No.		
	1. NAME OF DECEASED (Type or Print) WILIAM H. McCORMICK	2. DATE OF DEATH Dec. 20, 1953		
upplie	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address	4. USUAL RESIDENCE (Where deceased lived. If institution; residence  A. STATE  B. COUNTY  before admission)		
should be carefully supplied. early and legibly.	HOSPITAL OR INSTITUTION 1104 Cathedral St.	c. CITY OR TOWN (If outside corp) rate limits, write RURAL and give Baltimore		
car	c. Length of stay in Baltimore Yrs	s. 110h Cathedral St.		
and be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specimale white widowed	9. AGE (In years last birthday) Months Days Hours Min.		
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
atic	13. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME		
BINDING of inform uses of dea	William John McCormick  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown)   (If yes, give war or dates of service)   SECURITY NO	Emma Webster  17. INFORMANT ADDRESS		
of of	no none	Mr. Charles McCormick-3402 Cedardale Rd.		
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the car	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Cordio Vascular ducice Cerebral relevos		
MARGIN I UNFADING Physicians: p	OISEASE OR CONDITION CAUSING IT.	- /		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH	CAUSE OF OEATH, ENTER IN YES NO		
	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)    WAS PERFORMED   21B. PLACE OF INJURY about home, farm, factory, street, of DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or City, give exact location)  [Cobldg., etc.]  [Color of the color of th		
PLAINLY,	OF INJURY  OF INJURY	RRED 21F, HOW DID INJURY OCCUR?		
RITE is esp	deceased alive on 1997, 1997, and that death oc	ourred at 5 m., from the causes and on the date stated above.  23B. ADDRESS  23C. DATE SIGNED		
	24a. BURIAL, CREMA-24B. DATE 24c. NAME OF CEME TION, REMOVAL (Specify) Burial 12/23/53 Woodlawn Ce	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  Woodlawn, Md.		
PLEASE correct ag	DATE RECEIVED BY REGISTRAR'S SIGNATURE	1 25 FINERAL DIRECTOR ADDRESS		

Batto 17, Mrd.

VS 150



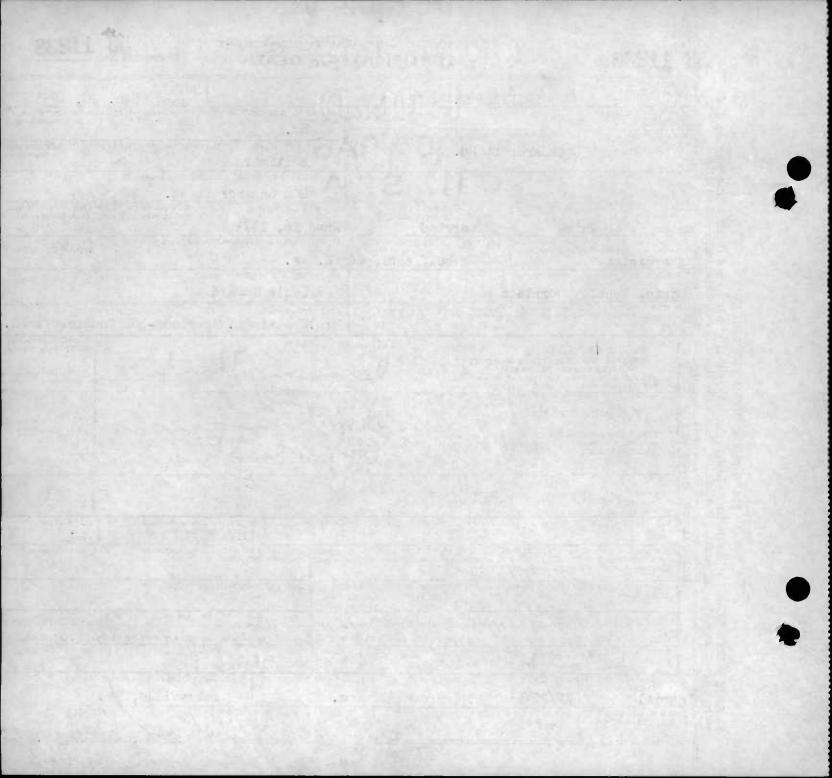
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Sa Segistered No. 11238

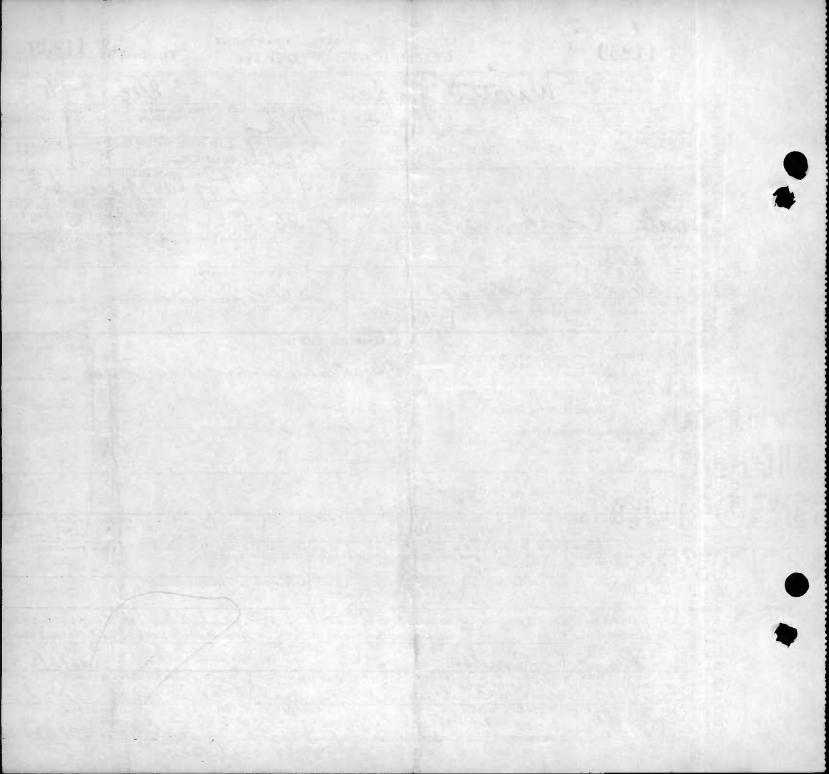
The	3 11238 CERTIFICA	TE OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) REGINALD G. MORKISON	2. DATE OF DEATH Dec. 20, 1953
ıpplie	3. PLACE OF DEATH: A Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)  A. STATE  Md  B. COUNTY  before admission)
carefully supplied.	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR LOS Cedarcroft Rd.	
should be carefu	c. Length of stay in Baltimore Day	408 Cedarcroft Rd.
uld be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specimale married	June 26, 1873  9. AGE (In years last birthday)  Nonths Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  pharmacist  10B. KIND OF BUSINESS OR INDUST  self employee	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
ation	13. FATHER'S NAME Daniel Buckley Morrison	14. MOTHER'S MAIDEN NAME Lelia Howard
of informuses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO	17 INFORMANT ADDRESS
ESSERVED FOR INK. Every item lease write the cal	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYBRIG CONDITIONS.	System Sy
MARGIN R UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	<u> </u>
100	19A. DATE OF OPERATION A 19B. CONDITION FOR WHICH	CAUSE OF DEATH, ENTER IN PART I OR PART II YES NO
X, W	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or like bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
TE PLAINLY, WITE especially important.	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP OF INJURY  m. WHILE AT NOT WORK AT W	/HILE
WRITE PI e is especi	deceased alive on, 19, and that death occ	nurred at m., from the causes and on the date stated above.    236. ADDRESS   23c. DATE SIGNED
0.5	TION, REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEASE correct a	Removal 12/22/53 Greenhill ( Date Received By LOCAL REGISTRAR REGISTRAR'S SIGNATURE	Berryville, Va.  25 FUNERAL DIRECTORY.  ADDRESS  ADDRESS

VS 150

Batto 17, Md.



$\operatorname{The}$	E9 4499U	MORE CITY HEALTH DEPARTMENT ERTIFICATE OF DEATH	Registered 11239
	1. NAME OF DECEASED Wyatts, S. PLACE OF DEATH:	Fordan	2. DATE OF DEC-/8-/953 There deceased lived, If institution residence
carefully supplied. egibly.	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR INSTITUTION JOHNS HOPKINS HO	zivestreet address or	B. COUNTY before admissio outside corporate limits, write RURAL and gi
carefull legibly.	3.5	Pallem	dural, see location)
be d	5. SEX 6. COLOR OR RACE 7. SINGLE, WIDOWED	Days   77   70   70   70   70   70   70   7	9. AGE (In years) If Under i Year Is birthdky) Months: Days Hours Min
ion should	10A. USUAL OCCUPATION (Give kind of work done-during most of working life, even if retired)  13. FATHER'S NAME	F BUSINESS OR 11. BIRTHPLACE (State or for INDUSTRY	WHAT COUNTR
BINDING of information uses of death cl	15. WAS DECEASED EVER IN V. S. ARMED FORCES? I II	6. SOCIAL 17. INFORMANT, N.C. 116	Thung ADDRESS
BIP of uses	(18. 443 X	CAUSE OF DEATH	PKINS HØSPITAL
FO it the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	rouber disease	
RESERVED INK. Ever	ANTECEDENT CAUSES	(B)	
are her	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO (C)	
MARGIN UNFADING Physicians:	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.	NG HE	/
H	19a. DATE OF OPERATION 198. CONDITION WAS PERFORM	ED CAUSE O	TION WAS RELATED TO 20. AUTOPSY? F DEATH, ENTER IN YES NO DE NO
000	OR CONTRIBUTING CAUSE OF about home	LACE OF INJURY (e.g., in or of control of co	
PLAINLY ecially imp	OF INJURY	INJURY OCCURRED 21F. HOW DID IN.	
	22. I hereby certify that I attended the dec deceased alive on 2, 1953, and 23A. SIGNATURE	d that death occurred at 4 m., from t	he causes and on the date stated about 23c. DATE SIGNE.
	24A. BURIAL, CREMA- 24B. DATE 24G. TIGHT, REMOVAL (Specify)	M. D.	NS HOSPITAL   2/19/53  OCATION (City, town, or county) (State
PLEASE W	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR	9. Elliotti K & aft.
	VS 150	2906A 112977.0	aroline St.



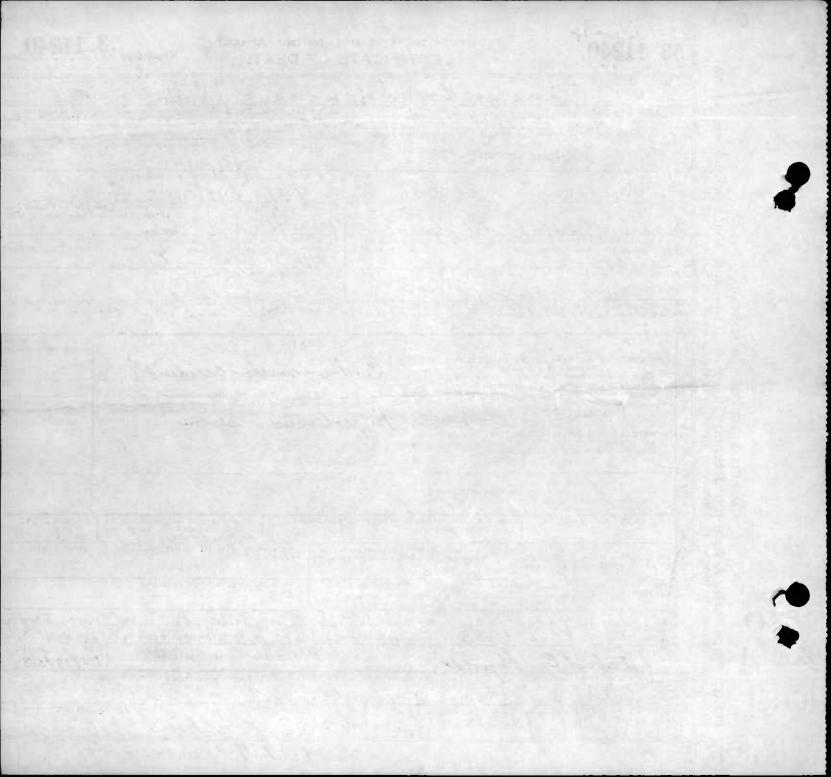
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53	11240	

## BALTIMORE CITY HEALTH DEPARTMENT

Registered No_	11240
rec Bracered 110	

	BII	RTH NO.	E OF DEA	TH Registered No.	
113		NAME OF DECEASED	,	12. DATE	
	(Ty	Pre or Print) Frank Hoggard Ha	rapov	OF DEA - O	1953
-		PLACE OF DEATH:	4. UBUAL RESI	DENCE (Where deceased lived, If inst	titution : residence
		Baltimore City, Maryland Osler 2	A. STATE	Ma B. COUNTY	before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		VN (If outside corporate limits	rie CURAL and give
	IN	STITUTION JOHNS HOSPITAL	4		township)
9	3	Yrs.	D. STREET ADD	PRESS (If rural, give location)	1
0		Mos.	Q // (	D. Hand	
		Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE MARRIED.	1 74/	TH 19. AGE (In years) If Und	er i Year   If Under 24 Hours
	1.	WIDOWED, DIVORCED (Specify)	On alealle	last birthday) Month	
	N	rale Colored Widowe!	Marcul	0,1881 66	
	work	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR depending most of working life, even if retired) INDUSTRY		(State or foreign country)   12	. CITIZEN OF WHAT COUNTRY?
		stoner	Durtee	Courly MC	
	13	. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME	
		norgan Haasand	allie	Lainer.	
	15	. WAS DECEASED EVER IN U. S. ARMYD FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	NS HOPKINS HOSPITALADD	RESS
	77	(If yes, give wat of these of service) SECURITY NO.		113 HOSPITAL	
		18. 321V CAUSE	OF DEATH		INTERVAL BETWEEN
		18. 33/X CAUSE DISEASE OR CONDITION DIRECTLY	4		ONSET AND DEATH
		LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	Im mou	lar occident	
		heart failure, asthenia, etc. It means the disease,	V. A. V.		
		injury or complication which caused death.) DUE TO			
		ANTECEDENT CAUSES	entersin	- Offerton 1	
	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	nusum	- serve	
1	Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
	RTIFICATION	(C)	•••••		
	E				1
		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
	믱	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
.		19a. DATE OF OPERATION   19B. CONDITION FOR WHICH OF	PERATION	IF OPERATION WAS RELATED TO	
	X			CAUSE OF DEATH, ENTER IN	20. AUTOPSY?
3	DIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	(e. g., in or 21c. WH		YES NO X
		OR CONTRIBUTING CAUSE OF TABOUT DOME, 18 FIB. 18 CENTY STREET OTHER			YES NO X
2	1EI	DEATH (NOTIFY MEDICAL EXAMINER)	bldg.,etc.) INJURY		YES NO X
	ME	DEATH (NOTIFY MEDICAL EXAMINER)  21D TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	bldg.,etc.) INJURY		YES NO X
. June Co	ME	DEATH (NOTIFY MEDICAL EXAMINER)  21D TIME (Month) (Day) (Year) (Hour)  OF INJURY  WHILE AT NOT WHI	ED 21f. HO	OCCUR?	YES NO X
and in the	ME	DEATH (NOTIFY MEDICAL EXAMINER)  21D TIME (Month) (Day) (Year) (Hour) OF INJURY  m. 21E. INJURY OCCURR WHILE AT NOT WHI AT WORK  AT WOR	ED 21F, HO	OCCUR?	YES NO No Per exact location)
and the famous of	ME	DEATH (NOTIFY MEDICAL EXAMINER)  2 1D TIME (Month) (Day) (Year) (Hour) OF INJURY  m.   2 1E. INJURY OCCURE WHILE AT   NOT WHI AT WORK  22. I hereby certify that I attended the deceased from 12.	ED 21F. HO	OCCUR?  W DID INJURY OCCUR?  53 to 12-19-, 1953 t	ve exact location)  hat I last saw the
and in the same	ME	DEATH (NOTIFY MEDICAL EXAMINER)  2 1D TIME (Month) (Day) (Year) (Hour)  OF INJURY  m. WHILE AT NOT WHI AT WORK  22. I hereby certify that I attended the deceased from 12- deceased alive on 12-7-, 1953, and that death occur	ED 21F. HO	w DID INJURY OCCUR?  53 to 12-19-, 1953 to 12, from the causes and on the	ve exact location)  hat I last saw the date stated above.
and I was dear of the car	ME	DEATH (NOTIFY MEDICAL EXAMINER)  2 ID TIME (Month) (Day) (Year) (Hour) OF INJURY  DEATH (Month) (Day) (Year) (Hour)  DEATH (Month) (Day) (Year) (Hour)  WHILE AT NOT WHI WORK  22. I hereby certify that I attended the deceased from 12- deceased alive on 12- 19-3, and that death occur  23A. SIGNATURE	ED 21F. HO	w DID INJURY OCCUR?  53 to 12-19-, 1953 to m., from the causes and on the	ve exact location)  hat I last saw the
and June Samuel and Samuel	ME	DEATH (NOTIFY MEDICAL EXAMINER)  2 1D TIME (Month) (Day) (Year) (Hour)  OF INJURY  The control of the control o	ED 21F. HO	w DID INJURY OCCUR?  53 to 12-19-, 1953 to m., from the causes and on the HOPKINS HOSPITAL	hat I last saw the date stated above.
and a second	ME	DEATH (NOTIFY MEDICAL EXAMINER)  21D TIME (Month) (Day) (Year) (Hour)  OF INJURY  DEATH (NOTIFY MEDICAL EXAMINER)  21E. INJURY OCCURR  WHILE AT NOT WHI AT WOR  22. I hereby certify that I attended the deceased from 12-  deceased alive on 12-  19-, 1953, and that death occur  23A. SIGNATURE  Listand C. Reynolds  M. D.	ED 21F. HO	w DID INJURY OCCUR?  53 to 12-19-, 1953 to m., from the causes and on the HOPKINS HOSPITAL	hat I last saw the date stated above.
and the formation of the same	ME WE	21D TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the deceased from Independent of the second	ED 21F. HOVELE AND RESS PRIVATE OF CREMATOR	occur?  W DID INJURY OCCUR?  53 to 12-19-, 1953 to m., from the causes and on the HOPKINS HOSPITAL TO A LOCATION (City, town, or Chiladeles)	hat I last saw the date stated above.  2119 (Sate)  One exact location)
and in the capacital in	ME WE	21D TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the deceased from Ideceased alive on Ideceased alive on Ideceased Individual States of the Idea Idea Idea Idea Idea Idea Idea Ide	ED 21F. HO	occur?  W DID INJURY OCCUR?  53 to 12-19-, 1953 to m., from the causes and on the HOPKINS HOSPITAL TO A LOCATION (City, town, or Chiladeles)	hat I last saw the date stated above.
The state of the s	ME WE	DEATH (NOTIFY MEDICAL EXAMINER)  2 ID TIME (Month) (Day) (Year) (Hour)  OF INJURY  22. I hereby certify that I attended the deceased from 12-  deceased alive on 12-  23a. SIGNATURE  A. BURIAL, CREMA-  DIN REMOVAL (Specify)  ATE RECEIVED BY REGISTRAR'S SIGNATURE  21E. INJURY OCCURR  WHILE AT NOT WHIL  AT WORK  AT WHILE AT NOT WHILE  AT A BURIAL, CREMA-  24B. DATE  24C. NAME OF CEMETE  ATE RECEIVED BY REGISTRAR'S SIGNATURE	ED 21F. HOVELE AND RESS PRIVATE OF CREMATOR	occur?  W DID INJURY OCCUR?  53 to 12-19-, 1953 to m., from the causes and on the HOPKINS HOSPITAL TO A LOCATION (City, town, or Chiladeles)	hat I last saw the date stated above.  2119 (Sate)  One exact location)
and the formation of the court	ME WE	21D TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the deceased from Ideceased alive on Ideceased alive on Ideceased Individual States of the Idea Idea Idea Idea Idea Idea Idea Ide	ED 21F. HOVELE AND RESS PRIVATE OF CREMATOR	occur?  W DID INJURY OCCUR?  53 to 12-19-, 1953 to m., from the causes and on the HOPKINS HOSPITAL TO A LOCATION (City, town, or Chiladeles)	hat I last saw the date stated above.  2119 (Sate)  One exact location)



#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

3 11241

before admission)

12. CITIZEN OF

WHAT COUNTRY?

ONSET AND DEATH

10 yrs.

20. AUTOPSY

23c. DATE SIGNED

The 1. NAME OF DECEASED 2. DATE (Type or Print) OF JESSIE MAY EBAUCH supplied. Dec. 21, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY Md. (If not in hospital or institution, give street address or HOSPITAL OR e carefully s legibly. C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3703 Sequoia Ave. Baltimore D. STREET ADDRESS Yrs. (If rural, give loc Mos. c. Length of stay in Baltimore 3703 Secucia Ave Days be should be early and 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (In years I Under I Year WIDOWED, DIVORCED (Specify) last birthday) | Months Days | Hours | Min. Jan. 29, 1884 69 white single 10A. USUAL OCCUPATION (Give kind of 10B. SCROOL INDUST 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY information s s of death clear Retired School Teacher Balto. City Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING Zachariah C. Ebaugh Eliz. Gessford 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO em of i Miss Minnie B. Ebaugh-3703 Sequoia Ave. none none Every item write the cau 18. 331X CAUSE OF DEATH FOR DISEASE OR CONDITION DIRECTLY Intraventricular hemorrhage LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Arterio-sclerosis l INK. FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE Hypertension UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN RTI H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 11 DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? OR CONTRIBUTING | CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY, 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 12-28-39, 19, to 12-21-53, 19, that I last saw the WRITE 19 53. and that death occurred at 6 2 m., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23A. SIGNATURE is 6 E. Eager St., Balto. 2, Md. age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) 24B, DATE Druid Ridge Cem. Burial Pikesville. Md.

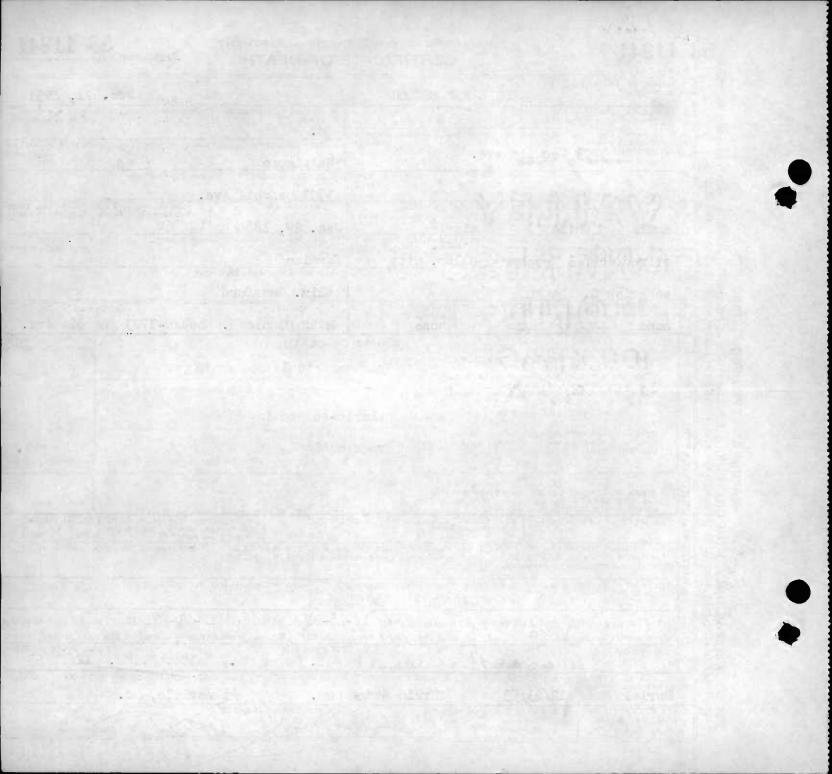
REGISTRAR'S SIGNATURE

I have landlow

PLEASE DATE RECEIVED BY LOCAL REGISTRAR

VS 150

UNERAL DIRECTOR ADDRESS

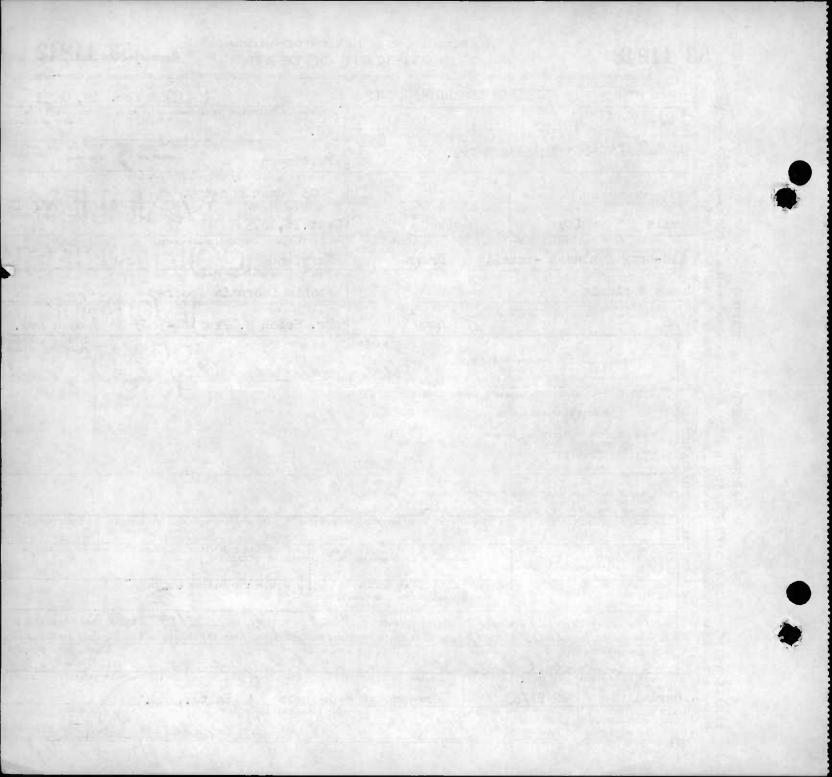


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## CERTIFICATE OF DEATH

Registered No. 11242

	RTH NO.		C	ERTIFICATI	OF DEA	IH	registere	1 110,	
1.	NAME OF DI	ECEASED			4	1	2. DATE		
(T <sub>3</sub>	ype or Print)		D MAGINNIS		WI DE	OF -	c. 19,	1953	
A.	3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESI A. STATE Md.	DENCE (W)	nere deceased lived. B. COUNTY	If institution bef	; residence dre admission)	
HC			location)	c. CITY OR TOW	VN (lf o	utside corporate li	nits, write R		
IN.	STITUTION	5003 Edmond	son Ave.		Baltimore		V	) "	township)
				Yrs. Mos.			ural, give location)		
_	Length of st	tay in Baltimore	3 600 60 6	Days	8. DATE OF BIR		9. AGE (In years)	It Under 1 Year	I If Under 24 Hours
r	male	white	MIGO	MARRIED. DIVORCED (Specify) WE Q	Sept.16,18	375	last birthday)	Months Days	Hours Min.
work Ri	A. USUAL OC done during mosto td-Drug H	CUPATION (Give kind of f workjog life, even if retired) Susiness—Ret		F BUSINESS OR INDUSTRY Drugs	Maryland	E (State or for	reign country)	12. CITIZ WHA	ZEN OF T COUNTRY?
	FATHER'S N				14. MOTHER'S N	MAIDEN NA	ME		
	mes Magir				Fannie Lu		Godfrey		
(Yes	, uo or uuknown)	D EVER IN U.S. ARMEI (If you, give war or date	of service)	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
1	10		1	none	Dr. Heien	M. Fea	ring-5003		
	18.4201	0		CAUSE	OF DEATH		0		T ANO DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (A) Uttered like of the l						10 yrs-			
RTIFICATION	RISE TO T	S OR CONDITIONS, II HE ABOVE CAUSE (A) 'ING CONDITION LA	STATING THE	OUE TO					
CERTIF	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT I	RELATED TO T		-				
L		F OPERATION 1		ON FOR WHICH OF	PERATION		ION WAS RELATED F DEATH, ENTER R PART II		NO NO
MEDICA	OR CONTRIE	ENT WAS UNDERLY BUTING CAUSE OF IFY MEDICAL EXAMINE	about hom	LACE OF INJURY ( ic, farm, factory, street, office		HERE DID (1 OCCUR?	If in Baltimore Ci	ity, give exac	et location)
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  m. WHILE AT WORK AT WORK									
22. I hereby certify that I attended the deceased from 4/20, 1975, to 12/19, 1973, that I last saw the deceased alive on 12/18, 1923, and that death occurred at 235 A.m., from the causes and on the date stated above									
	23A. SIGNA	sward 1	Leach	M. D.	3B. ADDRESS	ager	St.	12/3	ATE SIGNED
	4A. BURIAL, (S ON, REMOVAL (S Burial	24B. DATE 12/22/5	The state of the s	Greenmount M		Bal		wn, or county	(State)
D/ LC	ATE RECEIVE	RAR	S SIGNATURE		25 FUNERAL D		clanes "	A SORE	ss
1	VS 150				/	1	12 sata	19/	Mid



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF Wallace Dec 21-1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If cutside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION a 1 + 0. D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore Liden AVL 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. itenarried na/e 10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Spacia Ities Schener Mutue · [ Onal Louisi alva death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) Lucille 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO M25 W. Wallage 5 1318 Lindan AV. INTERVAL BETWEEN 420.0 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE DR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION important. EDIC/ 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hidg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from. Nec. n1 . 1953 that I last saw the descased alive on Del 10, 1953, and that death occurred at\_ A. m., from the causes and on the date stated above. 23 . SIGNATURE 236 ADDRESS 23c. DATE SIGNED Ð m. a roverst 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) correct

24A. BURIAL, CREMA-TON, REMOVAL (Specify) Buria 03 4111 25 FUNERAL DIRECTOR DATE RECEIVED BY RÉGISTRAR'S SIGNATURE LOCAL REGISTRAR

20. AUTOPSY

YES

before admission)

hu Juneal Home 7401. Be

ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN INSTITUTION Yrs. ADDRESS (If rural, give location Mos c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) IOA. USUAL OCCUPATION (Give kind of ) KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY 13. FATHER BINDING SOCIAL SECURITY 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., RESERVED heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF EDICA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 9c Fb. deceased alive on Dec. 19. 19. 53, and that death occurred at 12:45 23A. SHONATURE 24A. BURIAL, CREMA-248. DATE 24. NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify) lam DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

Registered No 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY before admission) (If outside corporate limits, Write BURAL and give thwnship) TEFORE AGE (in years | I lider I Year | II Under 24 Hours last Lirthday) | Months: Days | Hours: Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPS (If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR? , 1952 to De s . 24 , 195 that I last saw the

om the causes and on the date stated above. 23c. DATE SIGNED

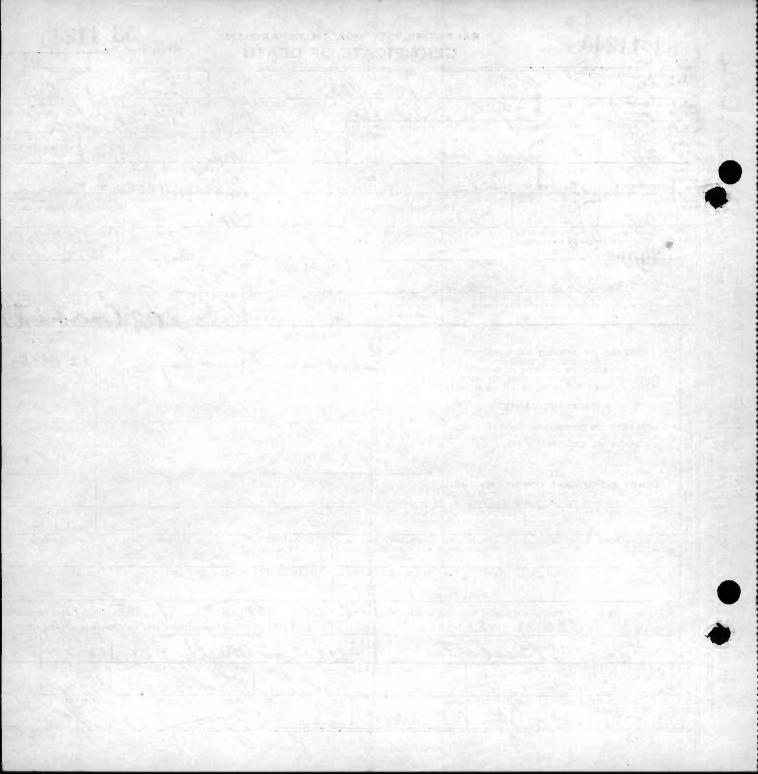
24D. LOCATION (City, townsor

ADDRESS

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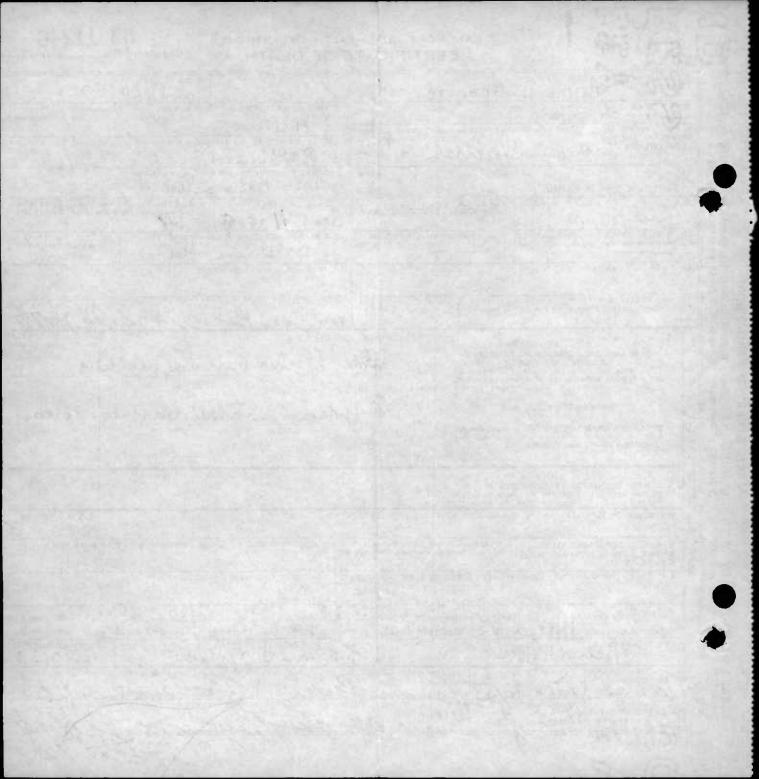
3321 Frederick leve.

14.300		FO 1101
53 11245	BALTIMORE CITY HEALTH DEPARTMENT	53 11245
BIRTH NO.	CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED	0 7/.4	DATE
(Type or Print)	(8. Winter	DEATH Dec. 19 /53
3. PLACE OF DEATH:		e deceased lived. If institution : residence
A. Baltimore City, Maryland	stitution, give street address or	B. COUNTY Before admission)
HOSPITAL OR INSTITUTION 7/2		side corporate limits, write RURAL and give
2211 W. Delage	Che Batterian	9 7 _ / township)
	Yrs. D. STREET ADDRESS (If rurs	al, give location)
c. Length of stay in Baltimore	Mos. 2711 W. 1308	redero The
5. SEX 6. COLOR OR RACE   7. SII	GLE, MARRIED.   8. DATE OF BIRTH   9	. AGE (In years   H Under 1 Year   H Under 24 Hours
7. 111.	DOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
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13. MATHER'S NAME	14. MOTHER'S MAIDEN NAME	a. h.s.c.
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(Yes no or unknown) (If yes, give war or dates of service	security No.	ADDRESS OF
	Margon D. Winder	INTERVAL BETWEEN
18. 331 X I	CAUSE OF DEATH	ONSET AND DEATH
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(This does not mean the mode of dying heart failure, asthenia, etc. It means the	g, e.g., (A)	myz
injury or complication which caused	death.) DUE TO	
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O DISEASES OR CONDITIONS, IF ANY.	(B)	
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS		
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	(C)	
TRIBUTING TO THE DEATH, BUT NOT RED TO THE DISEASE OR CONDITION CAUSE		
	JOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE.   218	. PLACE OF INJURY (e.g., in or   21C. WHERE DID (If in	Baltimore City, give exact location)
	home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	baltimore City, give exact location)
Σ	21F. HOW DID INJURY O	
OF INJURY (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED 21F, HOW DID INJURY O	CCUR7
	m.   WORK   AT WORK	
22. I hereby certify that I attended	the deceased from JEC 14, 1953, to JEC	19, 1953, that I last saw the
	3. and that death occurred at 6.3 . m., from the	causes and on the date stated above.
John Bul	lest 1238. ADDRESS & Skell	4- AW 12-21-53
MAA. BURIAL, CREMA- 24B. DATE		ATION (City, town, or county) (State)
TION REMOVAL (Specify)	97 1 1 1 1 1 1 R-1	16 - Maril a
DATE RECEIVED BY   REGISTRAR'S SIGN	NATURE 25. FUNERAL DIRECTOR	ADDRESS
LOCAL REGISTRAR	WILL MAN MATTER THE	stockly Harr
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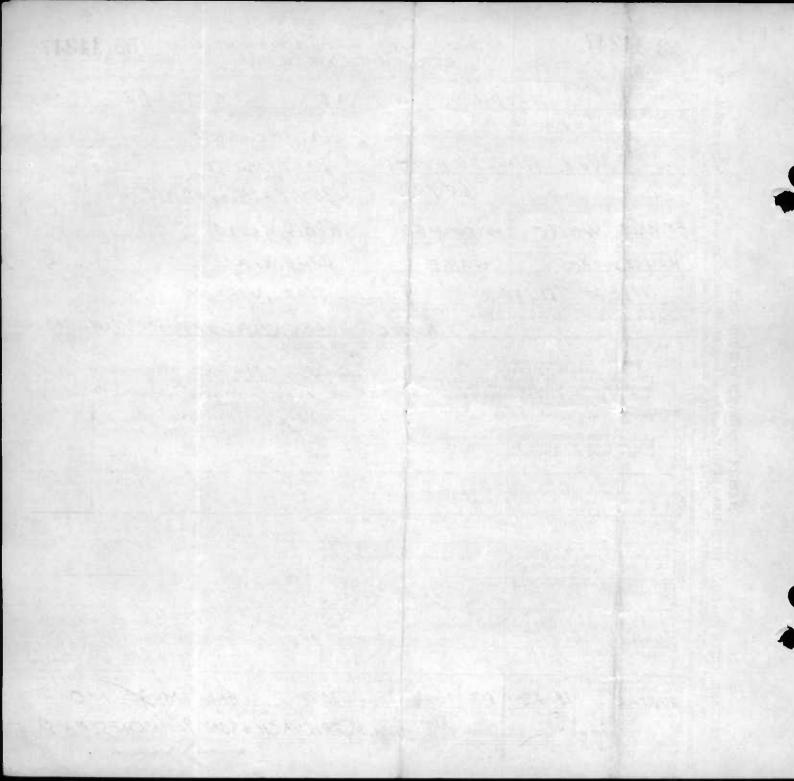
	1	7 11640	EALTH DEPARTMENT 53 112	46							
3	BI	CERTIFICAT	E OF DEATH Registered No.								
		ype or Print) Anna D. Boerner	2. DATE 1/20/52								
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: r A. STATE B. COUNTY before	residence e admission)							
	H	FULL NAME OF (If not in hospital or institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits, write RUR	AL and give							
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		DISEASE OR CONDITION DIRECTLY	ONSET	NO DEATH							
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ease	Z	Z DISEASES OR CONDITIONS, IF ANY, GIVING (B)									
Physicians: please	ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)									
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hysi	CER	OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
		19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER		UTOPSY?							
important.	DICA	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g.,		ocation)							
lod w	ME	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg									
3		21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR OF INJURY WHILE AT NOT WHILE									
ecis		22. I hereby certify that I attended the deceased from	2720, 19 53, to 12/20, 19 53, that I la	st saw the							
*		deceased glive on 12 26, 19 53, and that death occu	rrea at 1.3. 1.m., from the causes and on the date sta	ted above.							
age n		( cinich ( bain	Jukeran Jungilal 12/2	0/53							
	TIS	A BURIAL, CREMA- 24B. DATE 24C. DIAME OF CEMETE	PARTORY 246. LOCATION (City, town, or county)	(State)							
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a)				C	ERTIFICAT	E OF DE	ATH	Registered 1	No. M. L. Par St. 1	
The		NAME OF D	ECEASED				1:	2. DATE		
.pa		Type or Print) JOSEPHINE KOLAR DEC. 19,1950								
ilde		PLACE OF D Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)				
sn]	B. I	FULL NAME	OF (If not in hospi	tal or institution,	give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
ully	IN	STITUTION	3088 LIN	WOODA	NE-14	BALTIMORE				
rref	1.0				YRS. Mos.	D. STREET AL	DDRESS (If rur	al, give location)	111	
e cs		Length of s	tay in Baltimore		A) tty is	3008 LINWOOD AYE -				
d b		EMALE	6. COLOR OR RACE	WIDOWED	, DIVORCED (Specify)	A DAIL OF B	1660	last birthday) Mo	onths Days Hours Min.	
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		DISEASE OR CONDITION DIRECTLY								
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MA UNF Physi	CE	DISEASE C	OF OPERATION	IG IT.	ON FOR WHICH O	PERATION	I IF OPERATION	ON WAS RELATED	TO   20. AUTOPSY?	
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Z		OF INJURY	(Month) (Day) (Year	/ /	INJURY OCCURR	LE T	INTAL DID MOH	RY OCCUR?		
FE PLAII especially				m. (	WORK AT WOL		53. A	hee/19 .00	3, ., .,	
		//	by certify that I a		d that death occu	erred at 3	195, to	dinses and on	that I last saw the he date stated above	
WRITE e is esp		23A. SIGNA		, 13		236. ADDRESS	DAGE -		23c. DATE SIGNED	
W ge i		1	ance 1.	COUR	M. D.	9005	OBYL 245 4 00	CATION (City, town	1 /21/03 n. or county) (State)	
E	TI	AA. BURIAL, ON, REMOVAL (S	Specify)	16-2 11	NAME OF CEMET		-/-		1. 1. 1.	
EASE		ATE RECEIVE	D BY   REGISTRA	R'S SIGNATURI	CHY REDE	25. FUNERAL		TIMORE	ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR

FR. CVACH & SON GUON-CHESTER ST. 5



53 11248

VS 150

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11248 Registered No.

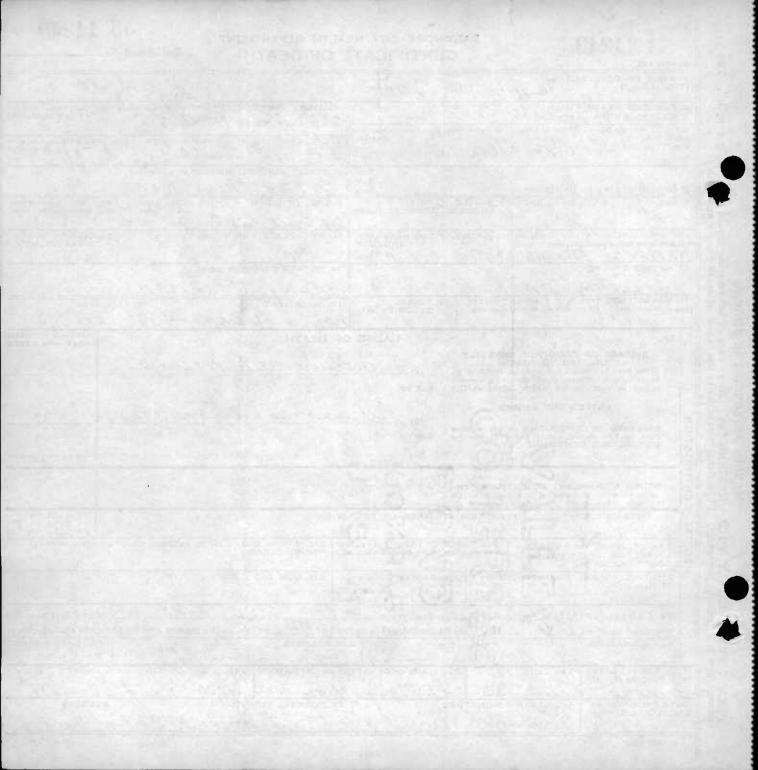
The	BI	RTH NO.			CERTIFICAT	E OF DEA	IH	Registe	red No		
	(T	NAME OF Cype or Print)	Po+	rick	E. Cotter			2. DATE OF DEATH 1	Dag	20 105	7
pplie		PLACE OF E		I ICK	D. OULLET	4. USUAL RES	IDENCE (W	here deceased liv B. COUN	red. If in	stitution : res before s	idence dmission)
information should be carefully supplied, sof death clearly and legibly.	B. HC	FULL NAME OSPITAL OR ISTITUTION		al or institution	on, give street address of location		ryland	outside corporate	e limits,		L and give
full	1	1-11	505 W.2	7th St			ltimor		L	-0/	to will start,
care	c.	Length of	stay in Baltimore		Yrs. Mos. Day:		D. STREET ADDRESS (If rural, give location)  505 W.27th St.				
d be	5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	, MARRIED. ED, DIVORCED (Specif	8. DATE OF BIF	<b>КТН</b>	9. AGE (In yes		hs Days Ho	nder 24 Hours urs Min.
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Every write th		heart fail	ire, asthenia, ctc. It mca	ns the disease	DUE TO	***************************************		9		****	***************
MIN	injury or complication which caused death.) DUE TO										
K.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (A)  Ch. cleac Maufpering  (A)  Ch. cleac Maufpering  (A)  Entered Control of the c										
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7. E	I.A.	UNDERL	YING CONDITION LA	ST.	(C)		******************		***********		
UNFADING INK. Physicians: please	TIFIC	-	LI LI							1	
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Phy	CE	DISEASE	OR CONDITION CAUSING	IT.			144				
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ILY, WITH important.	EDIC	21a, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City, give exact location)									
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LA				m.	WORK LAT WO		53 10	2 2 4	13		
Pec		22. I here	by certify that I att	ended the	deceased from	140 19	to to	re 20	19 -,	that I last	saw the
		deceased of	live on Dee 17	1912,	and that death occ	23B. ADDRESS	m., from th	re couses and	on the	23c. DATE	SIGNED
		23A. SIGNA	1	Jones	M. D.	124181	with	in		12-21	
CE	2.	4A. BURIAL, ON, REMOVAL (	CREMA- 248. DATE	0 2	4c. NAME OF CEMET	ERY OR CREMATO	RY 240. LC	OCATION (City	, town, o	r county)	(State)
CL 23	11	Buria		3/53	New Cath	edral	010	i Freder	ick	Ra Ma	
PLEAS		ATE RECEIVE	D BY   REGISTRAR	SSIGNATU		25. FUNERAL	DIRECTOR			ADDRESS	1
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carefully supplied. The legibly.		NAME OF D Type or Print)	ECEASE		ARY	E.	BROOKS		2. DATE OF DEATH	Decemb	er 20,	1953
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	H	FULL NAME OSPITAL OR NSTITUTION		11.3			ve street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
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cal	1	Length of s		Baltimore OR OR RACE	7. SINGL	= MAE	Days	505 Carlton Street				
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R BINDING em of information shou causes of death clearly	Ye (Ye	5. WAS DECEASE es, no or unknown)	D EVER I	N U, S, ARME give war or date	D FORCES?		SOCIAL SECURITY NO.	Miss Alberta F	Parker	707 Ha		AV
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н.	L CE	19A. DATE O					INGS OF OPER	ATION			20. AUTO	PSY?
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INLY y imp	ME	21b. TIME ( OF INJURY			m.	WHILE AT	AT WORK					
PLEASE WRITE PLAINLY,	1	the cvi and de 23A SIGNAT 4A. BUHIAL C CN REMOVAL (S	tidence of eath in a TURE CREMA. Specify)	btained by	said Aut	e remai	ins described a Inspection or I natural causes	Inquiry, find that said des S. accident . suicide  23B. CHIEF MEDICAL E ASSISTANT MEDICAL E MEDICAL INVESTIGATE  RY OR CREMATORY 24D.C.	EXAMINER	on the de	ay stated termined ATE SIGNE 21, 19 punty)	above,
PI		ATE RECEIVED	RAR	REGISTRAR	100	Will	LAULA- MG	25. FUNERAL DIRECTOR	Herry	See Bo	ddle.	8cm

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REGISTRAR

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Registered No 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rurai, give location) 9. AGE (In years | Munder | Year | Munder 24 House | In Under 24 House | In Under 24 House | Min. H Under 24 Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21c. WHERE DID (If in Baltimore City, give exact location) , that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 240. LOCATION (City, town, or county) ADDRESS

Benett A Hardy provident Hospital.

white is the

The	53 11252 RTH NO.	BALTIMORE CITY HE CERTIFICATI	E OF DEATH Registered	3, 11252	
1.	NAME OF DECEASED  VPe or Print)  John	R. Kelbel	2. DATE OF DEATH Dec	.18,1953	
ddns fll	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospite SEPITAL OR STITUTION 1605 North	chapel St.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admissile Maryland C. CITY OR TOWN (If outside corporate limits, water RURAL and grownsh beltimore  D. STREET ADDRESS (If rural, give location)		
	Length of stay in Baltimore  SEX   6.COLOR OR RACE   M   W	48 Years Mos. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARY 1EQ			
clearly	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	Bakery Bakery	11. BIRTHPLACE (State or foreign country) Germany	USA.	
rmatic leath	Robert Kelbel		14. MOTHER'S MAIDEN NAME Elizabeth ?		
of informuses of deg	. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL 215FCURITY 3390	17. INFORMANT Mrs Margaret E. Kelbe	ADDRESS 2 Same	
RESERVED FO HINK. Every its please write the	DISEASE OR CONDITION IN LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which continues the continues of the contin	DIRECTLY H f dying, e. g., (A) Malis ns the disease, aused death.)  ES Inter TANY, GIVING STATING THE	of DEATH mant Hypertension rstitial Nephritis Dilation of heart	about 18 months about 6 months	
MARGIN UNFADING Physicians: CERTIFICA	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT F DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 1	ELATED TO THE	PERATION   IF OPERATION WAS RELATED	TO   20, AUTOPSY?	
WITH ortant.		AS PERFORMED  21B. PLACE OF INJURY ( about home, farm, factory, street, office	cause of death, enter PART I or PART II e.g., in or 21C. WHERE DID (If in Baltimore Cit	IN YES NO K	
TE PLAINLY, especially impo	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURRI MHILE AT NOT WHI WORK AT NOT WHI			
TE PL especia	22. I hereby certify that I att deceased alive on Dec. 18	, 19 53, and that death occur	red atll: 30 Pn., from the causes and on	the date stated above	

about 18 months about 6 months 20. AUTOPSY? ATED TO NTER IN YES e City, give exact location) , 19.53 that I last saw the d on the date stated above. 23c. DATE SIGNED 516 Cathedral St. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Baltimore Md. 25. FUNERAL PIRSETTORE & Sons Inchress a Baltimore Maryland Sey! Sanle

VS 150

Burial

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

12/22/53

REGISTRAR'S SIGNATURE

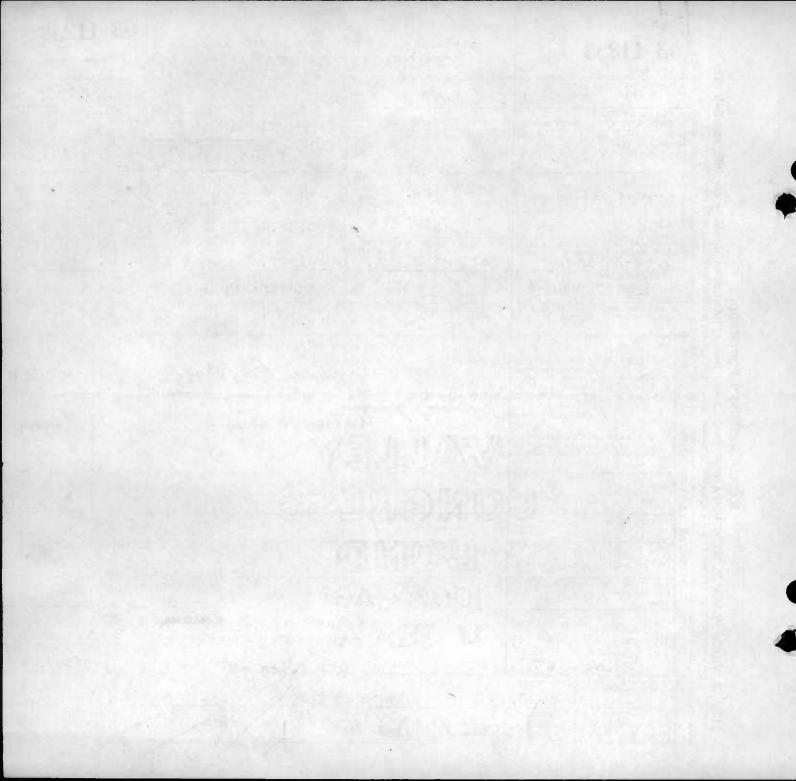
Loudon Park Cemetery

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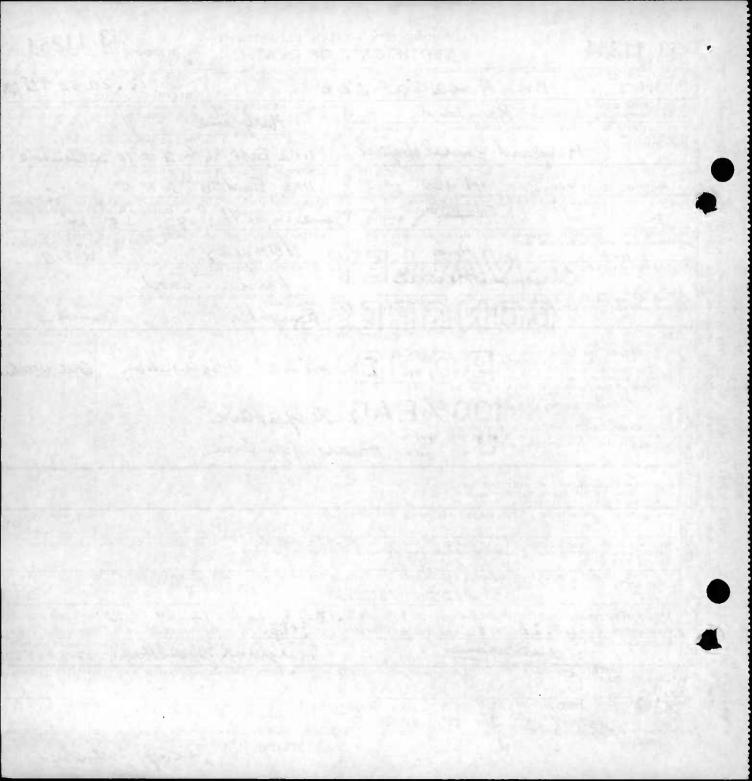
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MARGIN RESERVED FOR BINDING	ASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The	Physicians: please write the causes of death clearly and legibly.
	, WITE	ortant.
	SE WRITE PLAINLY,	age is especially imp
	A	ct

	CERTIFICAT	TE OF DEATH Registered No	)
	IRTH NO.		
(T	NAME OF DECEASED (Type or Print)  WHITELEY  LECOMPTE SAU	NDERS 2. DATE OF Dec.	19.1953
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution : residence hefore admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location assisting the street street address or location structures of street address or location structures of the street address or location structures or	c, CITY OR TOWN (if outside corporate limits, Baltimore 18 /2 -	write RURAL and give township)
	Length of stay in Baltimore 43 yrs. Mos. Days	8 East 39th Street	
5.	SEX 6.COLOR OR RACE 7. SINGLE. MARRIEO. WIDOWED, DIVORCED (Specif married	8. OATE OF BIRTH   9. AGE (In years) If U	der I Year I Under 24 licus hs Days Hours Min.
Wor	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR kdonednring most of working life, even if retired) Pilot-Navigator Retired 2 yrs.		2. CITIZEN OF WHAT COUNTRY
13	George Saunders	Katherine Tall	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mrs. Julia Elizabeth Saun 8 East 39th St.	ders
RTIFICATION	injury or complication which caused death.) DUE TO	trubval Homonhagy	55day
[LI]	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		,
CAL C	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH O	CAUSE OF DEATH, ENTER IN PART I OR PART II	YES NO
EDI	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY OR CONTRIBUTING   CAUSE OF about home, farm, factory, street, offi DEATH (NOTIFY MEDICAL EXAMINER)		ive exact location)
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCUR OF INJURY WHILE AT NOT W m. WORK AT WO	HILE	b
	deceased alive on 12. 1953, and that death occ		
	23A. SIGNATURE Steums M. D.	238. ADDRESS  6 9. Prad St.  TERY OR CREMATORY 24D. LOCATION (City, town, or crematory)	12/21/53
ŢJ	Burial Dec.22.1953 Woodlawn C	No. of Contract of	(2.200)
	OATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR & SONS. INC.	ADDRESS



The	1 59 11951	TY HEALTH DEPARTMENT  CATE OF DEATH  Registered	53 11254
	1. NAME OF DECEASED Mrs. Amalia	c.Boe 2. DATE OF 12	. 20. 53 945 PM
supplied.	3. PLACE OF DEATH:  A. Baltimore City, Maryland Maryland  B. FULL NAME OF (If not in hospital or institution, give street ad	A. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admission)
ully si		ocation) C. CITY OR TOWN (If outside corporate line) 1102 East 36th 3f # 1	nits, write RURAL and give township)
egio	c. Length of stay in Baltimore 41 yrs.	Yrs. Mos. Days 102 East 36 34 # 1	P
uld be	5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	(Specify) June 26, 1871 9. AGE (In years last birthday)	Months Days Hours Min.
n should clearly a	10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)  H. W		12. CITIZEN OF WHAT COUNTRY?
NDING information s of death cle	13. FATHER'S NAME Christian Meidell	14. MOTHER'S MAIDEN NAME Anna Flood	4.5.7
BINDIN of inforuses of d	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY	17 INFORMANT	ADDRESS
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the car	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CDNTRIBUTING TD THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Intestinal Obstruction Cardiopathie Heart failure	OWL WEEK,
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
'LY, WITH	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, off		, give exact location)
Lin	Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC WHILE AT NO WORK NO WORK	CCURRED 21F, HOW DID INJURY OCCUR?	
WRITE PI	22. I hereby certify that I attended the deceased from deceased alive on 12.20, 1953. and that death 23A. SIGNATURE authorized	h occurred at 9450 m., from the causes and on  23B. ADDRESS  Maryland Bueral Hos	53that I last saw the the date stated above. 23c. DATE SIGNED 12.20-53
SE ag	24A. BURIAL. CREMA- TION, REMOVAL (Specify)	Demetery or CREMATORY 24b. LOCATION (City, tow	vn, or county) (Stste)
PLEA	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ENRY SANDER & SONS. INC.	ADDRESS

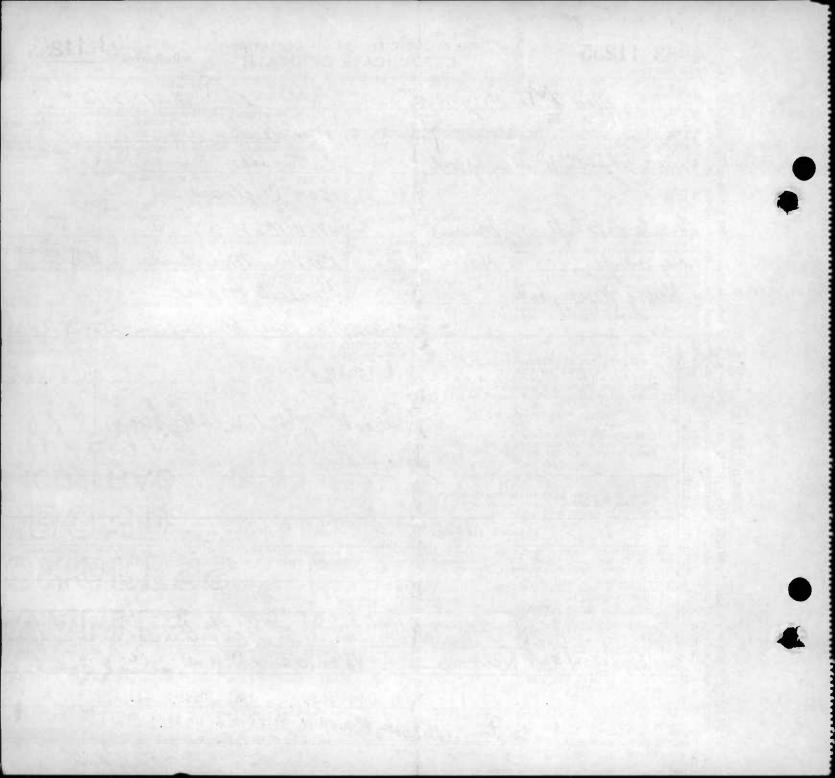
Sey? Sander



53 11255 BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH , 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give carefully INSTITUTION Hospitas D. STREET ADDRESS (If rural, give location) Yrs. Mos. men c. Length of stay in Baltimore Days pe G. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. should 66 early 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland Naucewete information C death 13. FATHER'S NAME MOTHER'S MAIDEN NAME BINDING 15. WAS DELEASED EVER IN D. S. ARMED FORCES?
(Yes, no or unynown) (If yes, give war or dates of service) 16. SOCIAL of ADDRESS SECURITY NO 1504 Cliftview causes -01-822 of INTERVAL BETWEEN 18. item FOR ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING u TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19B, CONDITION FOR WHICH OPERATION 20. AUTOPSY 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN important. CA PART I OR PART II 21C. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERLYING ā OR CONTRIBUTING | CAUSE OF about home, farm, fuctory, street, office bldg., etc.) INJURY OCCUR? ME DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY, 21F. HOW DID INJURY OCCUR? 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOTWHILE especially AT WORK 22. I hereby certify that I attended the deceased from Nv Shat I last saw the I and that death occurred at 1,55cm., from the eauses and on the date stated above. WRITE deeeased alive on\_ 19\_1 230, DATE SIGNED PAA. SIGNATURE 238. ADDRESS S oualls 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) PLEASE 20 TION, REMOVAL (Specify) correct Salisbury Md. Burial Dec.23 Parsons Cemetery 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE SONS. INC.

VS 150

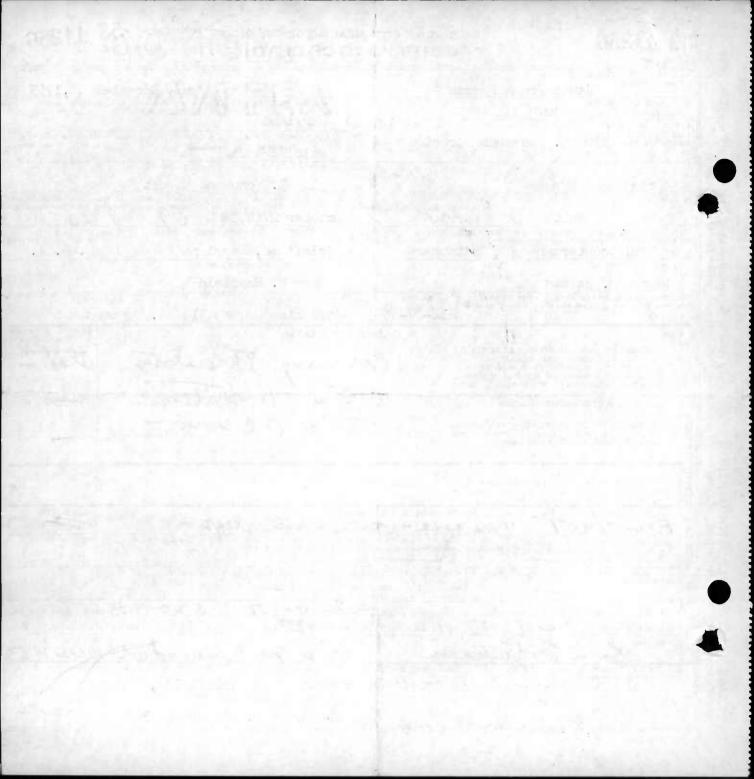
(State)



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BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) James Frank Hayman DEATH December 20,1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 3105 E. Monument Street INSTITUTION Baltimore City D. STREET ADDRESS (If rural, give location) Yrs. Mosz c. Length of stay in Baltimore 3105 E. Monument Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Male White Married October 27th, 1884 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Counterman Restaurant Crisfiled, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary E. Rayfield George W. Hayman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) SECURIT No No Josephine Hayman 3105 E. Monument St INTERVAL BETWEEN 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 16y perleusin (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY 21c. WHERE DID If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. (e. g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK 1=el-6-1951 to leed >0, 1953, that I last saw the 22. I hereby certify that I attended the deceased from\_ . 1953. and that death occurred at 439. m., from the causes and on the date stated above. deceased alive on the 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) LOCATION (City, town, or county) Crisfield Cemetery 12 - 24 - 53Crisfield . Maryland Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Frederick D. Miller Inc 3019 Monument St LOCAL REGISTRAR VS 150



supplied. carefully legibly. pe plnods information s of death cle BINDING causes of item RESERVED FOR write UNFADING Physicians: WITH important. PLAINLY, especially WRITE

> PLEASE a

LULA. SCHOENFELO BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DICEASED (Type or Print) 2. DATE choenfeld Lerla OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give INSTITUTION Yrs. Mos. tand aur we c. Length of stay in Baltimore Days 9. AGE (in years) 6. COLOR OR RACE 8. DATE OF BIRTH last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 70 IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during me of working life, wen if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. W.S DECEASED EVER IN U. S. ALMED FORCES? (Yes, no or unknown) (If yes, give war of dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO 18. Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE M U DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION WAS PERFORMED PART I OR PART II EDIC. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK

1953

24 DATE

24c. NAME o

IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF OEATH, ENTER IN 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? AT WORK 22. I hereby certify that I attended the deceased from I > 19 3 that I last saw the . 195 1 to. and that death occurred at ... oc. m., from the causes and on the date stated above. 23B. ADDRESS 23c, DATE SIGNED CEMETERY OR CREMATOR (240. LOCATION (City, town, or county) (State) ADDRESS

53 11257

ff Under I Year

12. CITIZEN OF

WHAT COUNTRY?

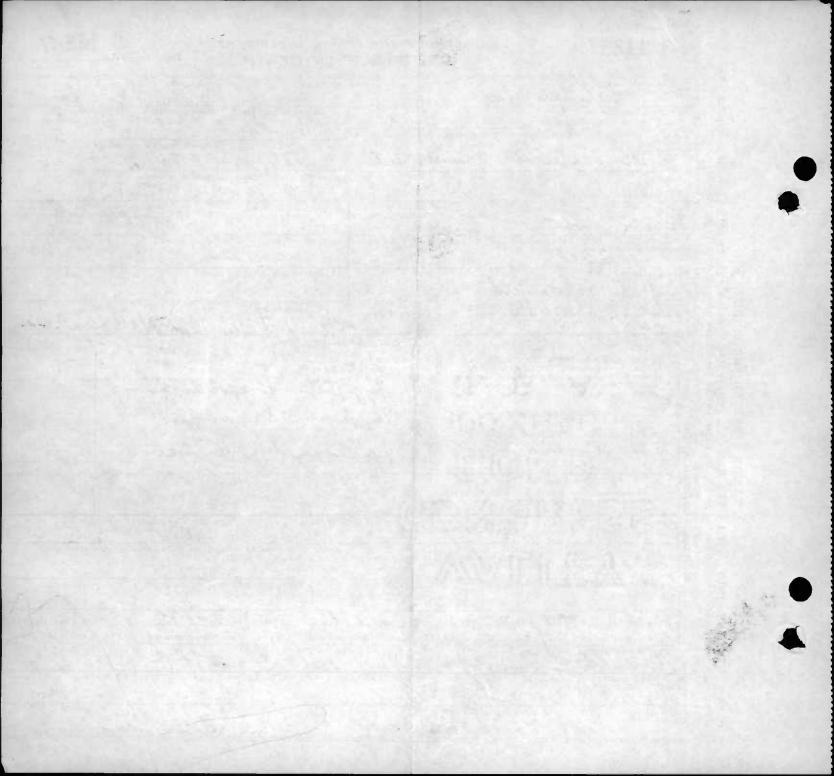
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deceased alive on\_ 234 SIGNATURE

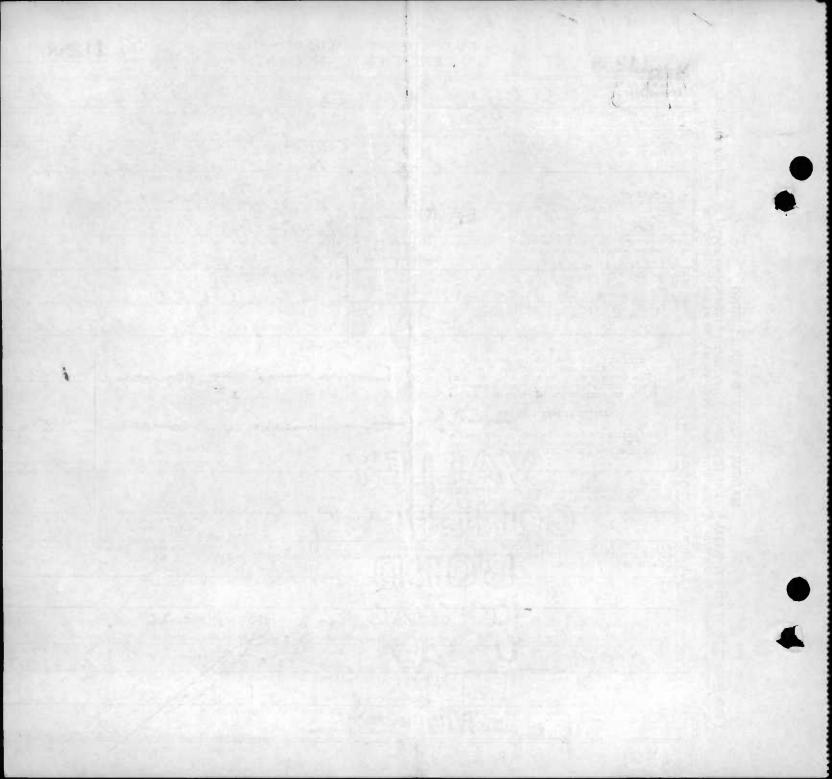
24A. BURIAL, CREMA-TION DEMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR



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BINDING	TE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. especially important. Physicians: please write the causes of death clearly and legibly.
ED FOR	Ivery item
MARGIN RESERVED FOR BINDING	UNFADING INK. I
	TE PLAINLY, WITH I especially important.

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	E L	BALTIMORE CITY HEALTH DEPARTMENT 53 1125  CERTIFICATE OF DEATH Registered No. 125	8
	1.	NAME OF DECEASED (2. DATE OF DEATH OF D	953
	A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore (Where deceased lived. If institution: Baltimore City, Maryland Baltimore B. COUNTY before	residence re admission)
	HC	FULL NAME OF (If not in/hospital or institution, give street address or location)  SPITAL OR ISTITUTION (If outside corporate limits, write RUI)	tAL and give
1043	6	Yrs. D. STREET ADDRESS (If rural, give location)	10
201 1		Length of stay in Baltimore    Mos.   Days   1427   Days	li Under 24 Hours
17 61	7	WIDOWED, DIVORGED (Specify)  Months Days  A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country)   12. CITIZE	
Cicar	work	A. USUAL OCCUPATION (Give kind of kdound for the kd	COUNTRY?
Earm	13	Be a la l	
2 01 0	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?  a, no or unknown) (If yes, give war or dates of service) SECURITY NO.	0 \$ 5/
ansc		18. /57× CAUSE OF DEATH INTERV	AL BETWEEN AND DEATH
יותב חווב כ		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	141-
M De	-	ANTECEDENT CAUSES	47.
pica	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	9
Sicialis	FICA	(C)	
uysic	ERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
T .0	AL C		NO NO
or carre	EDICA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office hidg., etc.)  21C. WHERE DID (If in Baltimore City, give exact INJURY OCCUR?	location)
y mul	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE	(
peciali		22. I hereby certify that I attended the deceased from 20, 1953, to Pec. 20, 1953, that I le	ast saw the
esp		deceased alive on Dec 20, 1953 and that death occurred at 5 P. m., from the causes and on the date ste	ated above. TE SIGNED
e IS		23a. SIGNATURE 23b. ADDRESS 23c. DA	21/953
200	24 Tic	4A. BURIAL, CREMA- ON REMOVAL (Specify)  See W-1953 See mount  Bultimne	Me (State)
correct	D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCH REGISTRAR 25. FUNERAL DIRECTOR 25. FU	1 Sh
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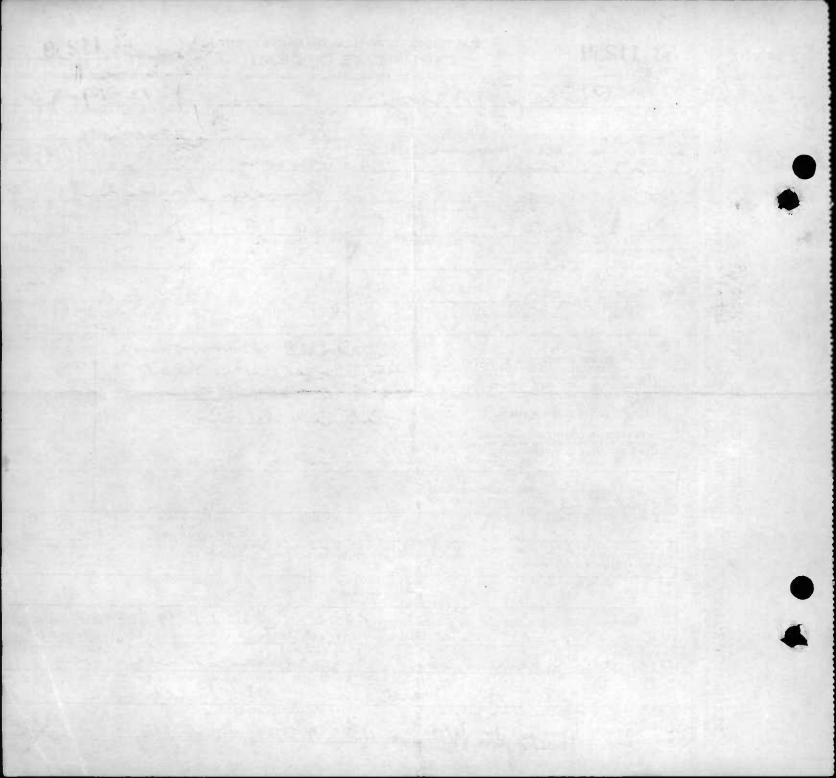
DATE RECEIVED BY

REGISTRAR'S SIGNATURE

	/	M-620		X	
9	51	53 11259 BALTIMORE CITY HE CERTIFICATI		Registered No.	1259
d. The		NAME OF DECEASED  Type or Print) Phillips Mars i		2. DATE OF DEATH /2-/	9-53
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (		itution: residence before admission)
illy	HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR ISTITUTION location)	c. CITY OR TOWN (I	f outside corporate limits, w	rite RURAL and give township)
carefully legibly.	6	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
ld be		Length of stay in Baltimore  Days  SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Unda last birthday) Months	r I Year H Under 24 Hours 8 Days Hours Min.
shou		DA. USUAL OCCUPATION (Give kind of the constraint of the constrain	11. BIRTHPLACE (State or f		CITIZEN OF WHAT COUNTRY?
NDING information s of death cle	13	FATHER'S NAME	14. MOTHER'S MAIDEN N		
NG orms dea	15	They Marzi 5. WAS DEGRASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Carterine	Dobler	
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RESERVED INK. Ever please write		injury or complication which caused death.) DUE TO			7
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Hel	AL C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	CAUSE PART I	ATION WAS RELATED TO DF DEATH, ENTER IN OR PART II	20. AUTOPSY7
ILY, WITH important.	EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office DEATH (NDTIFY MEDICAL EXAMINER)	e. g., in or bldg.,etc.) 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, giv	e exact location)
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re PLAIN especially		22. I hereby certify that I attended the deceased from	) - 6 , 195·3 to	12-19, 1953, t	hat I last saw the
RITE is est		deceased alive on 12-15, 1953, and that death occu	rred at S. 00 tm., from	the eauses and on the	date stated above.
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E S		ON, REMOVAL (Specify)	2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	13101	· Mil

25. FUNERAL DIRECTOR

ADDRESS



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BIRTH NO.			

53 11260 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Bessie Mikesell 12-21-53 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Park Hill Nursing Home Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore 20 S. Broadway 30 yrs Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years | H Under | Year Married (Specify) last birthday) Months Days Hours Min. Female White 1890 10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? John's Restindustry Ky. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or ooknown)! (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT **ADDRESS** (Yes, no or ooknown) SECURITY NO John Mikesell, 20 S. Broadway 4418-5523 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 218. PLACE OF INJURY (e. g., io or 2Ic. WHERE DID (If In Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 19) That I last saw the 22. I hereby certify that I attended the deceased from, 2. and that death occurred at. deceased alive on Dec m., from the causes and on the date stated above. 195 23c. DATE SIGNED 23B. ADDRESS

244 BURIAL CREMA-24c. NAME OF CEMETERY OR CREMATORY 24B. DATE

St Peters

24D. LOCATION (City, town, or county)

Balto. Md.

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

12-23-53

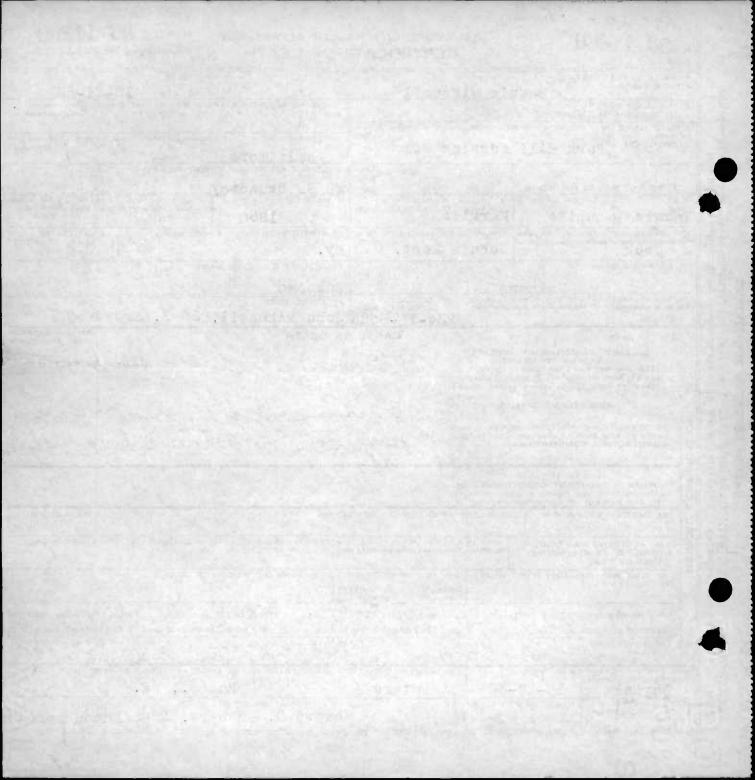
25. FUNERAL DIRECTOR

ADDRESS

Burial

DATE RECEIVED BY

H. Hubbard. 2503 Edmondson Av



Dafannage.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give carefully JOHNS HOPKINS HOSPITAL INSTITUTION D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year WIDOWED, DIVORCED (Specify last birthday) Months; Days Hours; Min. should 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO JOHNS HOPKINS HOSPITAL of INTERVAL BETWEEN CAUSE OF DEATH item Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused dcath.) DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e. g., in or 210. WHERE DID (If In Baltimore City, give exact location) about homo, farm, factory, street, office bidg., etc.) INJURY OCCUR? ED OR CONTRIBUTING | CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21F. HOW DID INJURY OCCUR? 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially AT WORK 22. I hereby certify that I attended the deceased from 12-12-1953 to 12 - 21 -1953 that I last saw the RITE 1953, and that death occurred at 1: 20 m., from the causes and on the date stated above. deceased alive on 12-21-238. ADDRESS HOPKINS HOSPITAL 23A. SIGNATURE 23c. DATE SIGNED 3 age 24C. NAME OF CEMETERY OR CREMATORY 240, LOCATION (City, town, or county) TION \_REMOVAL DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Lilly & Zeiler Inc.

403

S. Wolfe St

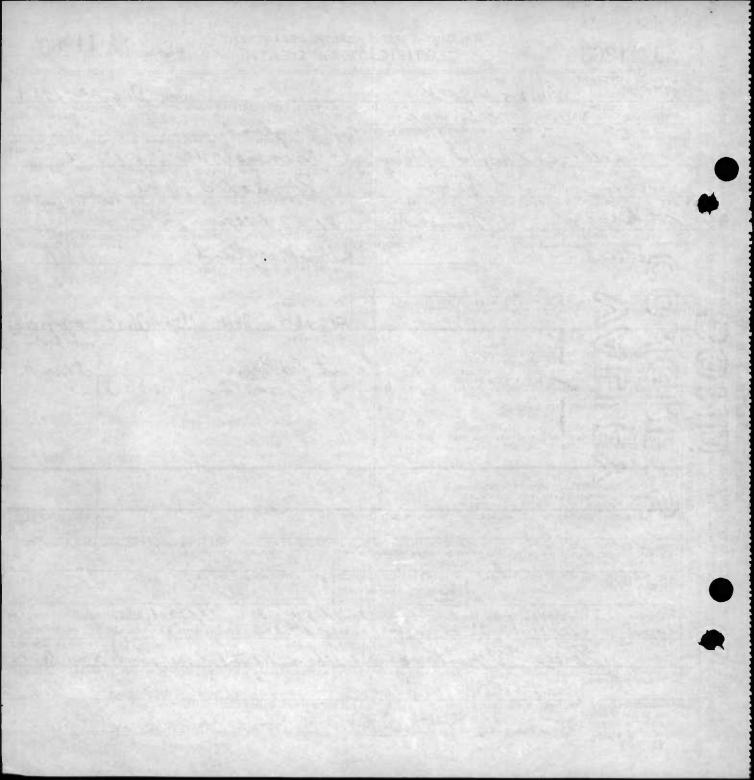
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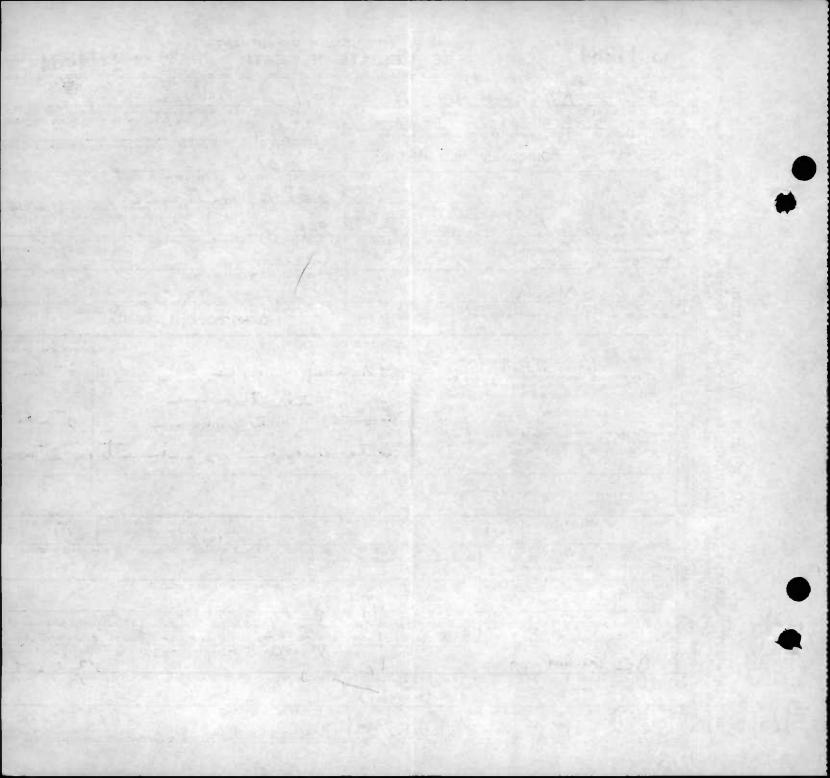
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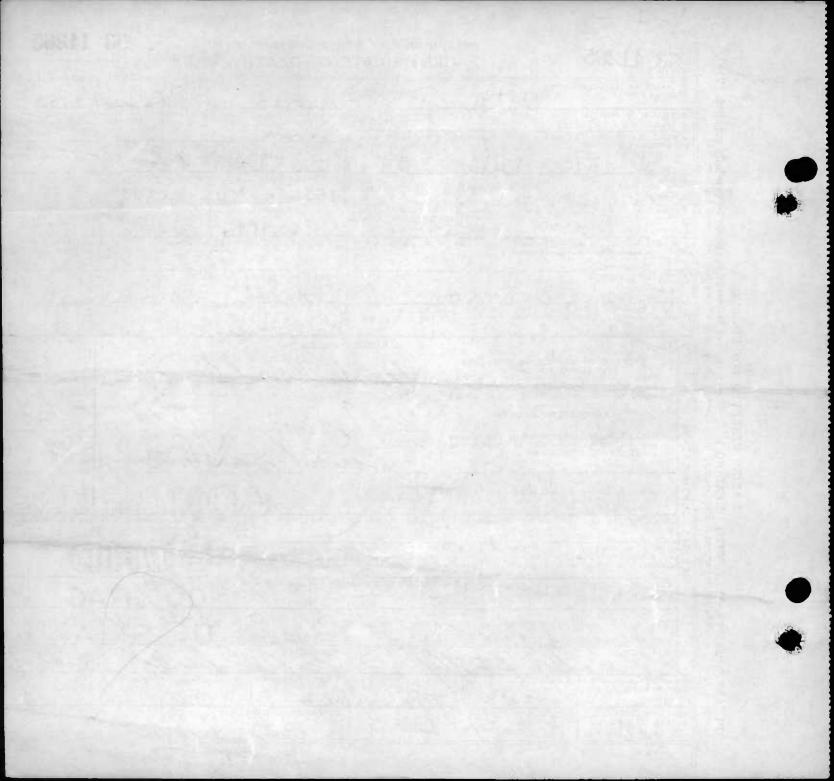
	1		50				
	-	E (2) M 1 (2) (2) (2)	TE OF DEATH Registered No.	11263			
	ВІ	CERTIFICATE OF DEATH Registered No.					
		NAME OF DECEASED pe or Print)	2. DATE OF	10.50			
	3	PLACE OF DEATH:	DEATH Sec.	22, 1953			
	A.	Baltimore City, Maryland Baltimore	A. STATE B. COUNTY	before admission			
		FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR location		AAR PURAL and air			
	IN	STITUTION Suther and Hacket I have	a (ochenoville.	township			
2	1	Yrs.					
0	c.	Length of stay in Baltimore		200			
	5.	SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specif		der I Year   If Under 24 Hour hs; Days   Hours: Min			
	1	male W. married	8/17/1870 83	lis Days Hours Mill			
		A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR done during most of working life, even if retired)		2. CITIZEN OF WHAT COUNTRY			
3		retired	Paltimore Maryland.	11.5. A			
	13	FATHER'S NAME	14. MOTHER'S MIDEN NAME				
3							
	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  SECURITY NO.		DRESS			
	-		Elizabeth Bedl Masonic Home	-cockeys vill			
		14/2	OF DEATH	ONSET IND DEAT			
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	eart failure	1 M. th			
3		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
		injury or complication which caused death.) DUE TO	of Stomach (possible)				
	7	ANTECEDENT CAUSES (B)					
	HOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
4	1	UNDERLYING CONDITION LAST.					
	RTIFIC						
2	FH	OTHER SIGNIFICANT CONDITIONS CON-					
	핑	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<u></u>			
		194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	ERATION	20. AUTOPSY?			
	DICAL	Late Blace of Millips (	to a late witers DID. (W in Politimers City, give	YES NO L			
	EDI	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g. about bome, farm, factory, atreet, office bldg		e exact location)			
411	Σ	CAUSE OF DEATH  2 ID. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR	RRED 21F. HOW DID INJURY OCCUR?				
		OF INJURY WHILE AT NOT WHIL					
		m.   work   AT WOR					
2		22. I hereby certify that I attended the deceased from deceased alive on 12/22 nd, 1953, and that death occ					
		23A. SIGNATURE		23c. DATE SIGNED			
,	1	Jerus Masufawam.o.	hutherantospital of Maryland	22nd Dec 5			
5		A. BURIAL. 24B. DATE 24C. NAME OF CEME	TERY OR CREMATORY 24D. LOCATION City, town, or	county) (State			
2		Der 24-1953 / Vester	n Bullimne	, ma			
770		TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS			
,	1	15 1 ) 1069 Thatenton Williamson M	120m Cook Inc- 12178	+ aulx			
		VS 150					
-019							



	1	3-400		
The	ВІ	53 11264 BALTIMORE CITY HE CERTIFICATION	EALTH DEPARTMENT E OF DEATH	Registered No 11264
	1. (T	NAME OF DECEASED KATHERINE H.	R ~ //	OF DEC 21 1953
uppli	Α.	PLACE OF DEATH: Baltimore City, Maryland B. U. T. H  FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	e deceased lived. If institution: residence  B. COUNTY before admission
carefully supplied. egibly.	H	JOHNS HOPKINS HOSPITAL		side corporate limits, write RURAL and gi
carefu	C.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural	l, give location)
ld be and	-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOMED, DIVORCED (Specify)	8. DATE OF BIRTH 9.	AGE (In years If Under 1 Year last birthday) Months Days Hours Min
n shou	Jor.	DA. USUAL OCCUPATION (Give kind of los. KIND OF BUSINESS OR kdopeduring most of working life, eyou if retired)  NOUSTRY	11. BIRTHPLACE (State or foreign	n country) 12. CITIZEN OF WHAT COUNTRY
NDING information s of death cle	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-0.
BINDING of inform uses of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL   16. SOCIAL   16. SECURITY NO.	17. INFORMANT	ADDRESS
BI. of		18. 201/. 2 CAUSE	OF DEATH	INS HOSPITAL
FOR y item		DISEASE OR CONDITION DIRECTLY	01	ONSET AND DEAT
12-		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	010 0 70 1	
02 >	7	ANTECEDENT CAUSES	site unber	2 twke
r h	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,	. O. h	1 2+
MARGIN NFADING hysicians:	IFIC.	(c)		and and a part of the second
MARGIN UNFADINC Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H	AL	19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION   IF OPERATION	WAS RELATED TO 20. ALTOPSY?
. 0	MEDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF about home, farm, fuctory, street, office DEATH (NOTIFY MEDICAL EXAMINER)		n Baltimore City, give exact location)
HA	2	210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE M. WORK AT WOR	LE	Y OCCUR?
		22. I hereby certify that I attended the deceased from Ladeceased Live on 22-, 1903, and that death occur	- 8- 1953 to 12-	2/, 1953that I last saw to causes and on the datc stated abov
RI		23A. SIGNATURE	23B. ADDRES OHNS HOPKIN	IS HOSPITAL 23C. DATE SIGNED
SE v	2. TI	4A. BURIAL, GRENA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCA	TION (City, town, or county) / (State
PLEASE W		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR	ADDRESS //-
H 0	1	VS 150 903 Thustington Velleauth, 19	my Look Inc-	1217 St vall of



The	53 1126 BIRTH NO.	55	CERTIFICATE		T 53	11265
lly supplied.	1. NAME OF DEC (Type or Print)  3. PLACE OF DEA A. Baltimore Cit	TH: y, Maryland	r R. Joh	4. USUAL RESIDENCE A. STATE	2. DATE OF DEATH OCC (Where deceased lived, if in B. COUNTY	20 1453 stitution: residence before admission
	HOSPITAL OR INSTITUTION	516n. Pula	location) Vrs. Mos.	Balto	(If outside corporate limits,	write RURAL and give
NDING information should be carefu	m	COLOR OR RACE 7. SINGL	Days    E. MARRIED. WED, DIVORCED (Specify)	B. DATE OF BIRTH  OCTSO, 1891  11. BIRTHPLACE (State o	lust birthday) Mon	nder I Year II Under 24 Heurs this Days Hours Min.
nation sheath clear	13. FATHER'S NAI	orking life, even if retired)	INDUSTRY	14. MOTHER'S MAIDEN		2. CITIZEN OF WHAT COUNTRY
BIN of uses	(Yes, no or unknown)	EVER IN U, S. ARMED FORCES? (If yes, give war or dates of service)	SECURITY NO.	Informant Late Johnson	1616 n. Pulo	DRESS ARITHMETINE
RESERVED FOR 1 INK. Every item please write the cau	(This does no heart failure,	OR CONDITION DIRECTLY EADING TO DEATH of mean the mode of dying, e, asthenia, etc. It means the disea mplication which caused deat	g., af Card	w Vasal	Veneffen	ONSET AND DEATH
	Z DISEASES C	NTECEDENT CAUSES OR CONDITIONS, IF ANY, GIVI ABOVE CAUSE (A) STATING T	NG (B)	reme		mah
MARGIN I UNFADING Physicians: 1	OTHER SIGNI	IG CONDITION LAST.  II FICANT CONDITIONS CONTRIB		che Vian	uly Best	1 cm
Hel.	OISEASE OR OF	O WAS PERFO	OTTION FOR WHICH OPE DRMED	CAUSE PART	RATION WAS RELATED TO OF DEATH, ENTER IN I OR PART II	YES NO
PLAINLY, '	OR CONTRIBUTED DEATH (NOTIFY 210, TIME (MC	T WAS UNDERLYING   21: TING CAUSE OF MEDICAL EXAMINER) onth) (Day) (Year) (Hour)	B. PLACE OF INJURY (e. thome, farm, factory, street, office bl	) 21F, HOW DID	NJURY OCCUR?	rive exact location)
	22. I hereby deceased aliv	m.   certify that I attended the e on / h - h / 1984.	e deceased from	16 , 1900, to_	12-21, 1957, 1957, 19580	that I last saw the
WR.	23A. SIGNATU 24A. BURIAL, CRI ILON, REMOVAL (Spe	EMA- 24B. DATE	M. D.		LOCATION (City, town,	23c. DATE SIGNED or county) (State)
PLEASE W	DATE RECEIVED	12-23-53 BY REGISTRAR'S SIGNAT	URE	JUNERAL DIRECTO	Kelson	ADDRESS
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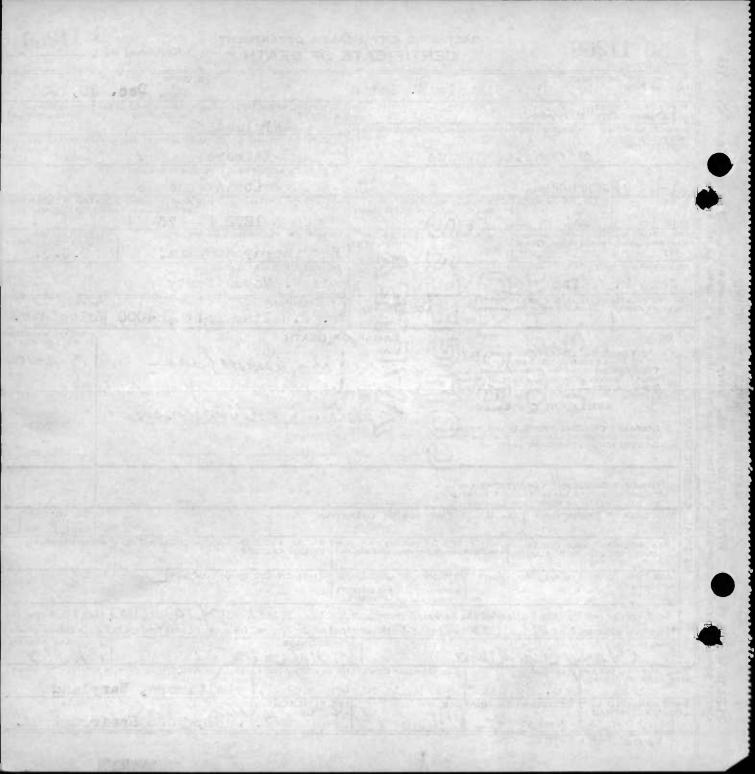
		. <	5-530
	ly supplied. The	1. (T 3. A.	53 11266 RTH NO.  NAME OF DECEASED TO Print)  PLACE OF DEATH: Baltimore City, Ma FULL NAME OF (If DESPITAL OR STITUTION  400
IN RESERVED FOR BINDING	of information should be car uses of death clearly an egib	10 worl	Length of stay in B SEX 6.COLO male Wh: A. USUAL OCCUPATIC done during most of working life Retired Sale FATHER'S NAME John W. Smi WAS DECEASED EVER II S, no or unknown) (If yes, s)
	ING INK. Every item on its: please write the caus	CERTIFICATION	DISEASE OR CONCEPTION (This does not mean heart failure, asthem injury or complicated ANTECE DISEASES OR CONCEPTION OF THE ABOVE UNDERLYING COMPANY OF THE ABO
MARGIN	LY, WITH UNFAD	MEDICAL CERTIF	OTHER SIGNIFIC. TRIBUTING TO THE TO THE DISEASE OF  19A. DATE OF OPERA  21A. ACCIDENT WAS LYING OR CONTR CAUSE OF DEATH  21b. TIME (Month) OF INJURY

-530

BALTIMORE CITY HEALTH DEPARTMENT

53 11266

	BI	RTH NO.			CERTIFICAT	E OF DEATH	Regist	ered No	
		1. NAME OF DECEASED   2. DATE							
		ype or Print)	Miss	Claud	ia M. Smith			Dec. 2	0,1953
	3.	PLACE OF D	EATH:	1/6,11		4. USUAL RESIDENCE	E (Where deceased I	ived. If institu	ution: residence before admission)
		. Baltimore City, Maryland . FULL NAME OF (If not in hospital or institution, give street address or			3.6 7		411	before admission)	
	HC	IOSPITAL OR location)			C. CITY OR TOWN		te limits, writ	te RURAL and give	
	1	()	4000 Whi	te Ave	nue	Baltin		1-3	township)
Sile	Yrs. Mos.				D. STREET ADDRESS		tion)		
89	c. Length of stay in Baltimore Days				4000 White				
E I	5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	MARRIED. 'ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In y last birthd	ears   ff Under 1 lay)   Months	Days Hours Min.
y a		male	white		ngle	March 3 187			
ar	work	done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		\	CITIZEN OF WHAT COUNTRY?
cle	Retired Saleswoman			Baltimore,			U.S.A.		
ath			ER'S NAME		14. MOTHER'S MAIDEN NAME				
de		John W.				Ada V. Mc Cafferty			
of of	15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U.S. ARMEL (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	
causes						Mr. J. Walter	r Smith, 4		
can		18. 33	1X 1			OF DEATH		0	NTERVAL BETWEEN
the			E OR CONDITION	DIRECTLY	On a.	last to	ulano.		17 hours
e t		(This does	not mean the mode ore, asthenia, etc. It mea	f dying, e. g	(A) Well	via ams	Trung		1
write	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B) My pertunsion, arterior classes.								
			ANTECEDENT CAUS	ES	11 6	to inte			
sas	Z	DISFASES	OR CONDITIONS, II	ANY GIVIN	(B) 194 PU	remon, and	su pecons		
ă	Ĕ	RISE TO T	HE ABOVE CAUSE (A)	STATING TH					
ns:	OA	0.02.02			(C)	••••••••••••••••••••••••			
Physicians: please	E								
ysı	ER.	OTHER SIGNIFICANT CONDITIONS CON-					5566		
Ph	Ö	TO THE D	ISEASE OR CONDITION	CAUSING I	T				
ا ئد	الد	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION			20. AUTOPSY?
important.	CA	214 ACCID	ENT WAS UNDER	1 218. PLA	ACE OF INJURY (e.g.,	n or   21c. WHERE DID	(If in Baltimore	City, give o	
ort	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING bloome, farm, factory, street, office bldg., etc.)  Z1B. PLACE OF INJURY (e.g., in or line) 21C. WHERE DID (if in Baitimore City, give l								
m	Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID IN	LIURY OCCUR?		
		OF INJURY	(2010)		WHILE AT NOT WHILE				
ecially				m.	WORK AT WORK		10/00	450	
pec			y certify that I att		account from				at I last saw the
	4	deccased at	ive on 12/19	_, 1922_,	and that death occu	rred at 5 4. m., fr	om the causes an		ate stated above. IC. DATE SIGNED
120		ZJA. SIGNA	MARLE SO MAG	Cart	W. D.	37 W. Tres to	55	12	-/21/53
age	24	AA. BURIAL.	CREMA- 24B. DATE pecify)	0000	4c. NAME OF CEMETE		40. LOCATION (Cit	y, town, or co	
	TIC	on REMOVAL (S Burial		1953	Baltimore	Cemetery	Baltimore	, Mary	rland
correct		ATE RECEIVE	D BY   REGISTRAR			S. FUNERAL DIREC	for 6	ADI	DRESS
00	LC	DCAL REGIST	RAR	+ 1	MIL VISSE 10	Leonard J.	5305	Harfo	rd Road
	-	V6 (-2)	13 1 Tanks	glass !	The state of the		radic , 0000	1101 10	1 4 -1044
		VS 150		<b>173</b>		1/			



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	53	11267
egistered	No.	

53 11267	CERTIFICATI		stered No.		
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Mr. John	David Seaman	2. DATE OF DEATH	Dec. 19,1953		
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased a. STATE B. COL	lived. If institution : residence		
HOSPITAL OR INSTITUTION	stitution, give street address or location)		rate limits, write RURAL and give		
423 Eveshan		Baltimore  D. STREET ADDRESS (If rural, give loc	27-14township)		
c. Length of stay in Baltimore	Yrs. Mos. Days	423 Evesham Avenu			
5. SEX   6. COLOR OR RACE   7. SI	NGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In	years If Under 1 Year If Under 24 Hours		
male white	married (Specify)	Teb. 12, 1892   61	nday) Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of tob. work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?		
Salesman   Wi]		Gettysburg, Penna.	U.S.A.		
William Seaman		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give wer or dates of servi	ES?   16. SOCIAL	Mary ?	ADDRESS		
(Yes, no or unknown) (If yes, give wer or dates of servi	SECURITY NO.	Mrs. Anna Seaman, 423			
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIF UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RISE TO THE DEATH OF T	GIVING (B) (CON-	eljel arbeiseles pkropelersis	lee 6me		
19A, DATE OF OPERATION 19B, MA	NG IT	ATION	20. AUTOPSY?		
7 mm			YES NO		
LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR?					
210. TIME (Month) (Day) (Year) (Hour)	ED 21F, HOW DID INJURY OCCUR?				
22. I hereby certify that I attended	_, 1913 that I last saw the				
deccased alive on See 1, 19	and that death occur	red at 10:30 P.m., from the causes a			
1231. SIGNATURE J. Val	lucer M.D. 6	100 York Rd Belt	0-12 Seezi 1953		
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE		ity, town, or county) (State)		
		emetery Batimore	, Maryland		
DATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR'S SIG	Welliame 9	Le chard of mack, 53	O5 Harford Rd.		

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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.	11268
Tack Processed Tion	

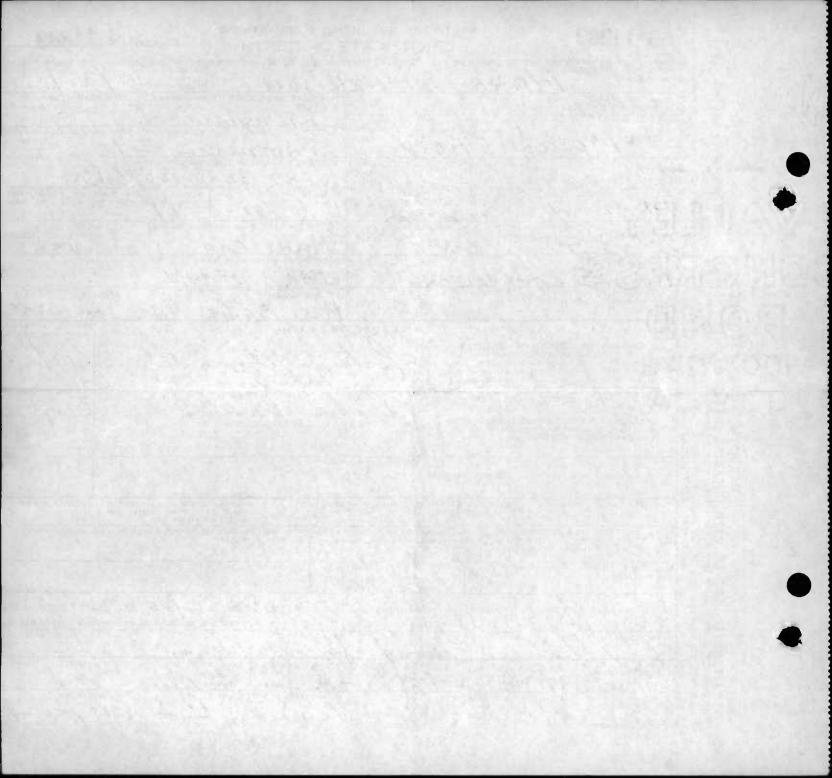
-	BIRTH NO.	*			
	1. NAME OF DECEASED (Type or Print) Mr. Joseph F. Freitag	2. DATE OF Dec.20,1953			
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence a. STATE  Maryland  B. COUNTY  before admission)			
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				
	5901 Sefton Avenue	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 27 - 44 township)  D. STREET ADDRESS (If rural, give location)			
	Yrs.				
0	c. Length of stay in Baltimore  Mos. Days	5901 Sefton Avenue			
	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   II Under 24 Hours			
	male white widowed (Specify)	Mar. 4, 1866   last birthday) Months Days Hours Min.			
W.	10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR ork done during most of working life, even if rotingd) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF			
	Ret. Labor B. & O. R. R.	Germany WHAT COUNTRY? U.S.A.			
1	?	14. MOTHER'S MAIDEN NAME			
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS			
9	Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Marie Sauers, 5901 Sefton Ave.			
	18. 422.1 CAUSE	OF DEATH INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
	(This does not mean the mode of dying, e. g.,	much philletin Tourlete			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
	ANTECEDENT CAUSES (B) Autum Inste Carlo voscular 5 yrs.				
	DISEASES OR CONDITIONS, IF ANY, GIVING				
	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	Pouce so			
	(c)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
	TO THE DISEASE OR CONDITION CAUSING IT.				
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?			
	214 ACCIDENT WAS LINDS 215 BLACE OF INJURY (	YES NO			
	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?				
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?				
	OF INJURY WHILE AT NOT WHILE				
	m.   WORK L AT WORK L				
	22. I hereby certify that I attended the deceased from	1950 Ju 20, 1950, that I last saw the			
	deceased glive on Least 1 attended the deceased from deceased glive on Least 2993, and that death occur	1950 to Ju 20, 1950, that I last saw the red at 2 30 m., from the causes and on the date stated above.			
	22. I hereby certify that I attended the deceased from deceased glive on 2001. and that death occur	1950 to Ju 20, 195, that I last saw the			
	22. I hereby certify that I attended the deceased from deceased alive on 123A. SIGNATURE 123A.	The same that I last saw the red at 23 km., from the causes and on the date stated above.  3B. ADDRESS  South for first Ref. 23c. DATE SIGNED The 21/913			
	22. I hereby certify that I attended the deceased from deceased alive on 123A. SIGNATURE 123A.	1950 to Ju 20, 1950, that I last saw the red at 230 km., from the causes and on the date stated above.			
	22. I hereby certify that I attended the deceased from deceased glive on 123A. SIGNATURE 123A.	1950 to Jun 20, 1950, that I last saw the cred at 230 m., from the causes and on the date stated above.  3B. ADDRESS  RY OR CREMATORY 250. LOCATION (City, town, or county) (State)			
	22. I hereby certify that I attended the deceased from deceased glive on 239. and that death occur 23A. SIGNATURE 24B. DATE 24C. NAME OF CEMETER 10N, REMOVAL (Specify)  Burial Dec. 23, 1953 Holy Cross  DATE RECEIVED BY REGISTRAR'S SIGNATURE	1950 to Jun 20, 1950, that I last saw the cred at 230 m., from the causes and on the date stated above.  3B. ADDRESS  RY OR CREMATORY 250. LOCATION (City, town, or county) (State)			
	22. I hereby certify that I attended the deceased from deceased alive on 23A. SIGNATURE 23A. BURIAL, (REMA-24B. DATE 24C. NAME OF CEMETER 10N. REMOVAL (Specify) Burial Dec. 23, 1953 Holy Cross	1950 to Jee 20, 1950, that I last saw the red at 250 m., from the causes and on the date stated above.  3B. ADDRESS  RY OR CREMATORY 210. LOCATION (City, town, or county)  Cem  A. A. Co. Maryland  25. UNERAL DIRECTOR ADDRESS			
	22. I hereby certify that I attended the deceased from deceased glive on 293, and that death occur 23A. SIGNATURE 24A. BURIAL, FREMA-24B. DATE 24C. NAME OF CEMETER TION, REMOVAL (Specify)  BURIAL DEC. 23, 1953 Holy Cross  DATE RECEIVED BY REGISTRAR'S SIGNATURE  LOCAL REGISTRAR	1950 to Jun 20, 1950, that I last saw the red at 250 m., from the causes and on the date stated above.  3B. ADDRESS  RY OR CREMATORY 2 D. LOCATION (City, town, or county) (State)  Cem. A. A. Co. Maryland			

Dec. 30, LE

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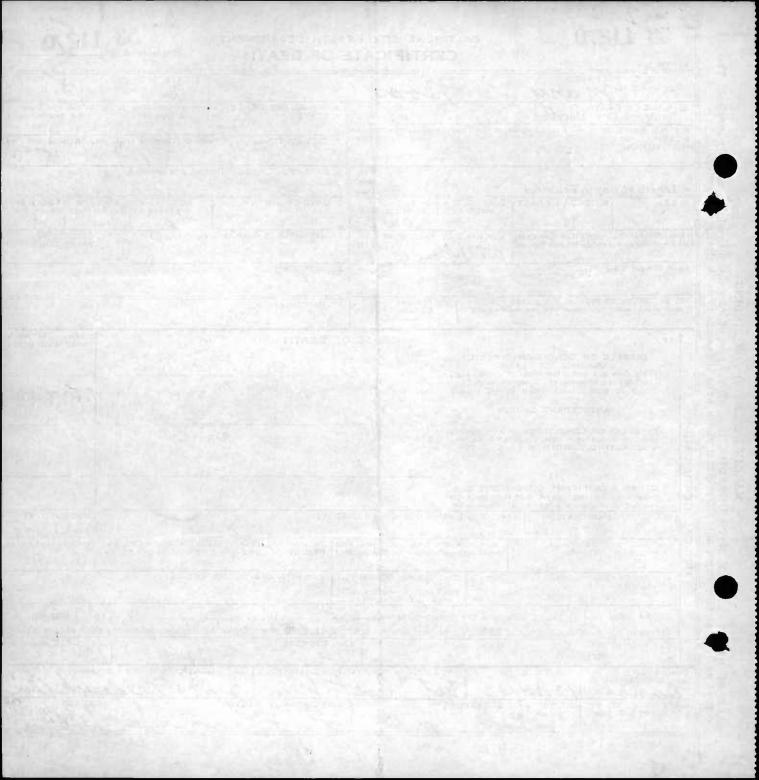
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH The BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, 15 institution residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give carefully INSTITUTION HOSP. Yrs. O. STREET ADDRESS Mos. 6000W000 c. Length of stay in Baltimore Days pe 7. SINGLE MARRISO, WIDOWED, DIVORCED (Specify) should be 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months Days Hours Min. manni clearly 10A. USUAL OCCUPATION (Givekindof) BIRTHPLACE (State or foreign country) 12. CITIZEN OF 108. KIND OF BUSINESS OR work deneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? 12166151 information USA ATHER'S NAME 14. MOTHER'S MAIDEN NAME death BINDING 15. WAS DECEASED EVER IN U. 9. ARMED FORCES? 16. SOCIAL of INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. (If yes, give war or dates of service) causes CISON JO 260X CAUSE OF DEATH item ONSET AND OEATH DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH (This does not mean the mode of dying, c. g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING CATIO RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20. AUTOPSY IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF OEATH, ENTER IN WITH important. PART I OR PART II U 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT especially AT WORK 19 L Sthat I last saw the 22. I hereby certify that I attended the deceased from m., from the causes and on the date stated above. WRITE 19 urred at. and that death of deceased alive 23c. DATE SIGNED 23A. SIGNATU 13 30 24A PULLA CREMA TION (City, town, or county) 248. DATE PLEASE ADDRES VS 150



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ! Yrs. (If rural, give location)/6 Mee. c. Length of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12, CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? DUSEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nae 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES NO 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 12-19-, 1953, to 12-2 , 1953, that I last saw the deccased alive on 12-2/, 19 J, and that death occurred at 8.8 Am., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME of LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



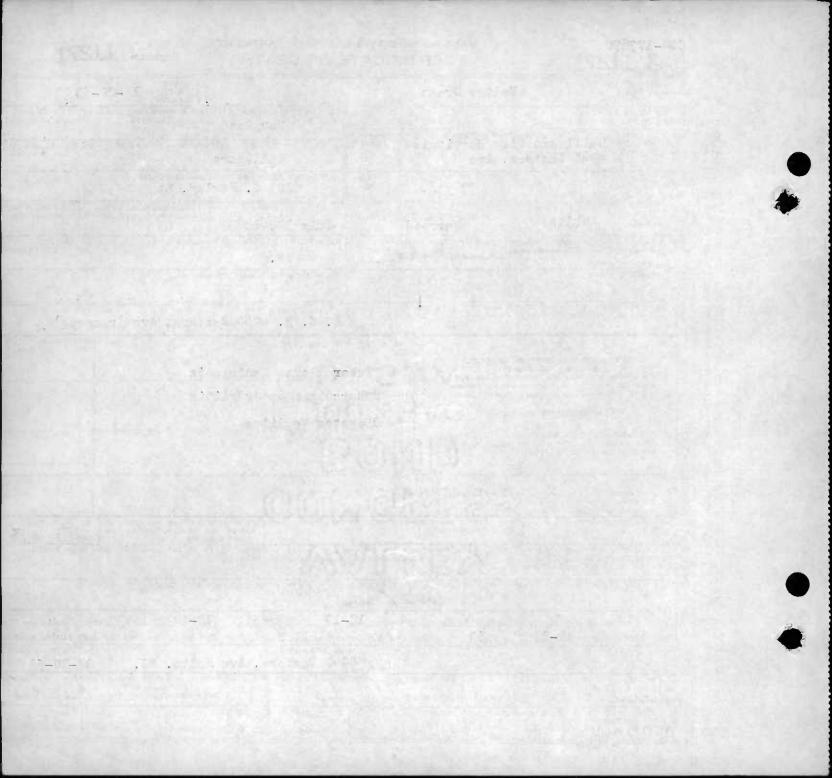
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No1271

BIRTH-NO.L.	C/J.						
1. NAME OF D (Type or Print)	DECEASED	alter G	reen		2. DAT OF DEAT	12-20	<b>-</b> 53
	City, Maryland	al an in atituti		A. STATE Mar	DENCE (Where deces		titution: residence before admission)
HOSPITAL OR	Baltimore Ci 4940 Eastern	ty Hosp	on, give street address or location)		/N (If outside co.timore	rport te limits, p	vrite RVRAL and give township)
c. Length of s	stay in Baltimore	32	yrs. Mos. Days		RESS (If rural, give S. Fagley, S		
5. SEX Male	6. COLOR OR RACE	7. SINGLE WIDOW	, MARRIED, ED, DIVORCED (Specify)   arried	S. DATE OF BIR	last b	(In years If Und lirthday) Month	fer I Year If Under 24 Hours ns Days Hours Min.
IOA. USUAL OC rork done during most	CCUPATION (Give kind of of working life, even if retired)	Crown	OF BUSINESS OR	11. BIRTHPLACE	(State or foreign cour	ntry)   12	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME ?			14. MOTHER'S	MAIDEN NAME	J.	/
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	B. C. H.	940 Eastern,		cerds)
Z DISEASE RISE TO UNDERL	complication which complication which control causes of conditions, in the above cause (a) ying condition La	ES F ANY, GIVIN STATING TH ST.	(B) Diab	etes Mellit	erdylitis -		
U DISEASE	GNIFICANT CONDITIONS DEATH BUT NOT I	RELATED TO	THE	•			
	0 v	AS PERFO			IF OPERATION WAS CAUSE OF DEATH PART I OR PART	I, ENTER IN	20. AUTOPSY?
OR CONTRI	ENT WAS UNDERLY! BUTING☐ CAUSE OF TIFY MEDICAL EXAMINE	R) about l	PLACE OF INJURY ( home, farm, factory, street, office	bldg.,etc.) INJURY	OCCUR?		ve exact location)
OF INJURY	(Month) (Day) (Year)	m.	WHILE AT NOT WHILE WORK AT WOR	K	W DID INJURY OC		
22. I herel	by certify that I att live on 12-20	ended the	deceased from 12.	-19 , 19	53 to 12-20 m., from the cause		
23A. SIGNA		Vaer.	M. D. 14	38. ADDRESS 940 Eastern	, Ave Balto.	Ma.	12-20-53
24A. BURIAL. TION, REMOVAL (	CREMA- 24B. DATE (12 - 24		Ork daw				· Bulls Ind
DATE RECEIVE			IRE	25. FUNERAL D	IBECTOR		DDRESS

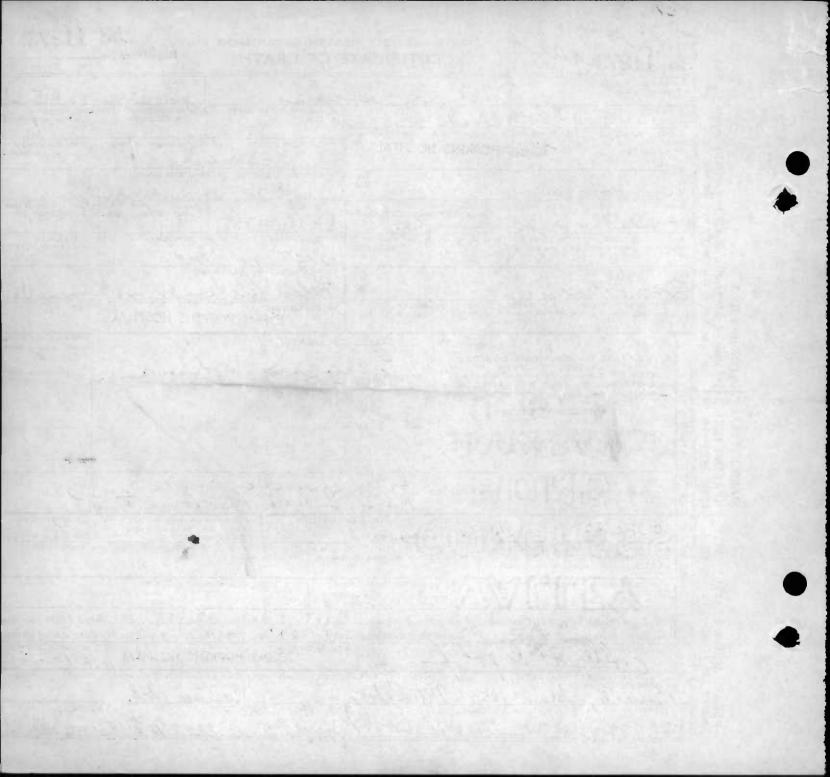


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1	JUNETHAND CO	
1	1. NAME OF DECEASED	0

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11273 Registered No.\_

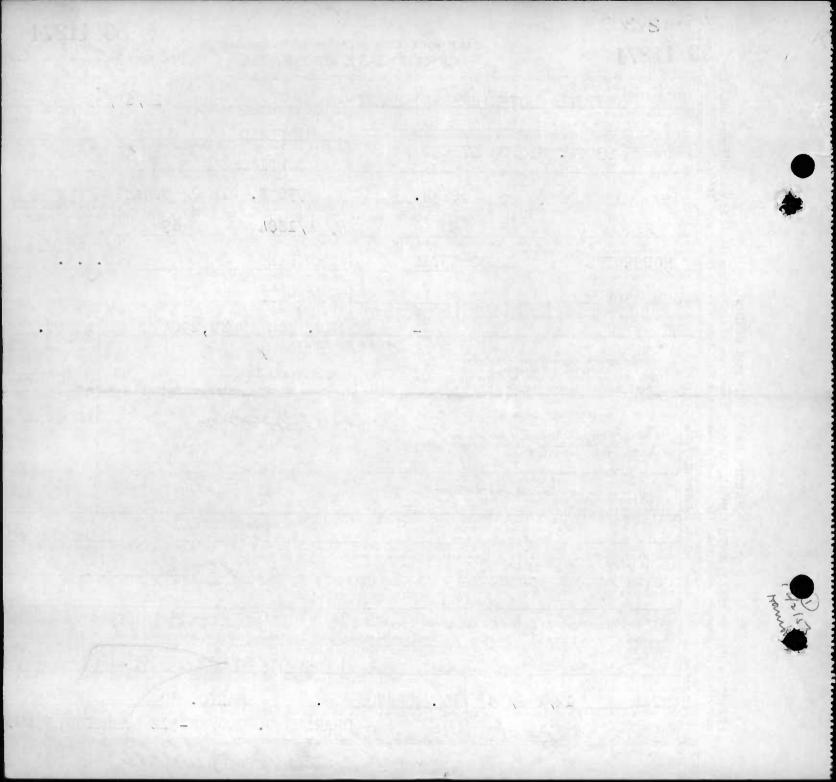
The	180	MATHANDA CO O DOLLHT KI	
	1. (T	NAME OF DECEASED D' 0 \ Q .	2. DATE OF 10:1050
should be carefully supplied sarly and legibly.		PLACE OF DEATH: M. A.	4. USUAL RESIDENCE (Where deceased lived, If institution; residence
ddn		Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY Defore ad Kission)
ار د	H	OSPITAL OR JOHNS HOPKINS HOSPITAL Cation)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
eful oly.	3		Dalmore!
car	C	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
be nd 1	-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, VIDOWED, DINORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years (Under I Year If Under 24 Hours last birthday) Mantha; Days Hours; Min.
ould y a	3	male Colored Sungle	3-13-193617
NDING information shou s of death clearly		DA. USUAL OCCUPATION (Give kind of 10B. KIND OF USINESS OR Kdone during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
ution th c	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NG rma dear	(	James Serios	Helen anderson 466 Cummuns Ct.
BINDING of inform uses of dea	(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPITAL
		18. 754.6 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
Fo it		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	one of one
2		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	may ruma
RV.		injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	
RESEJ INK.	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	
r R	TION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ADING icians:	FICA	(C)	
MARGIN UNFADING Physicians:	RTIF	other significant conditions Contributing Anten	overous aneuresm!
MA UNF	CEF	TO THE DEATH BUT NOT RELATED TO THE STREET	Intracerebral lematoring
н		194. DATE OF OPERATION 198. CONDITION FOR WHICH OF WAS PERFORMED	
WITH rtant.	ICA	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY	e. g., io or 21C. WHERE DID (If in Baltimore City, give exact location)
, 5	MEDI	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	bldg.,eto.) INJURY OCCUR?
	2	21b TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRE	
PLAINLY ecially imp		m. WHILE AT NOT WHILE AT WORK	K 🗀
		22. I hereby certify that I attended the deceased from deceased alive on 1953 and that death occur	9 17 , 1953 to 12 18 , 1953 that I last saw the
WRITE re is esp			38. ADDRESS 23c, DATE SIGNED
E WH		CALLERON RESPECTIVE M.D.	JOHNS HOPKINS HOSPITAL 12-19-13
SE t ag		AA. BURIAL, CREMA- 24B. DATE /24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEASE		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
F 00	1	OCAL REGISTRAR Vellaum. My	Double Kies 2222 W. Mort Cire, Seets. Ind



### BALTIMORE CITY HEALTH DEPARTMENT

53,11274

BIRTH NO.			CERTIFICAT	E OF DEA	TH	Registere	d No.—	1 0
1. NAME OF D (Type or Print)	ESTELLA BOY	ER (BE	RMAN) BERRY	MAN		2. DATE OF DEATH 12/	19/53	
	City, Maryland			A. STATE		here deceased lived B. COUNTY	If institution be	on: residence efore admission
B. FULL NAME HOSPITAL OR INSTITUTION		MOR ST	ion, give street address of location)	C. CITY OR TO	WN (IF	outside corporate li	00	tURAL and gi
c I anoth of	stay in Baltimore	6	OYRS. Yrs. Mos. Days	D. STREET AD		rural, give location)		
5. SEX	6. COLOR DR RACE	7. SINGL	E, MARRIED. /ED DIVORCED (Specify	7/24/188	RTH	9. AGE (In years last birthday)	H Under I Yes	
	CCUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR INDUSTRY	MARYLAI		oreign country)		IZEN OF IAT COUNTR
13. FATHER'S				14. MOTHER'S		AME		
JOHN BO 15. WAS DECEAS (Yee, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO.	TSABEL 17. INFORMAN	IT	0,2304 RO	ADDRESS	
Z DISEASE RISE TO UNDERLU	ure, asthenia, etc. It means to complication which complication which complication which complications, it is one complication to the complication of the complication	caused death SES F ANY, GIVII STATING T AST. CONTRIB	(B)	peard Não Sil	المصال	<b>b</b>	L,	ylnon
DISEASE 19A. DATE	OF OPERATION   1	IT.	ITION FOR WHICH C	PERATION	CAUSE C	TION WAS RELATED F DEATH, ENTER		. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)  21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.)							act location)	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK 21F. HOW DID INJURY OCCUR?							
22. I here deccased ( 23A. SIGNA TION, REMOVAL	ATURE  CREMA-1 24B. DATE	tended the	24C. NAME OF CEMET	23B. ADDRESS  O 29 Y  ERY OR CREMATO	NY 240. L	the causes and o	n the date   23c.	-21-4
BURIAL  DATE RECEIV LOCAL REGIS  DEC. 2.21	12/2 2 ED BY REGISTRAR	53 's signat	MT. AUBURN URE		DIRECTOR	TO. MD PER-512 C	ARROL	
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PLEASE WROOT PLA Y, WITH UNFADING INK. Every item of information should be car by supplied. The correct age is specially important. Physicians: please write the causes of death clearly as egibly.		
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	G 5	3 11275  BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  Registered No. 3 11	275
	1. (Ty	NAME OF DECEASED  Supple or Print)  James Gardner  2. DATE OF DEATH 12/21/195	-3
		PLACE OF DEATH:  A USUAL RESIDENCE (Where deceased lived, If institution: r	residence e admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR NSTITUTION 1837 Pennsylvania Ave.  Maryland  C. CITY OR TOWN (If outside corporate in the RULE) Baltimore	AL and give township)
2		Yrs. D. STREET ADDRESS (If rural, give location)  Mos. Days 1837 Pennsylvania Ave.	
See s		Male Negro WIDOWED, DIVORCED (Specify) Jan. 9.1900 last birthday) Months Days H	If Under 24 Hours Lours Min.
	WORL	Labor Majestic Food Co. Sparks, Maryland	N OF COUNTRY?
	13	John Gardner  14. MOTHER'S MAIDEN NAME  Air Johnson	
20 00	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 219-20-9821 Thersea Gardner 1837 Penn. Av	re.
	RTIFICATION		L BETWEEN
	CERTIF	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	DICAL	YES	JTOPSY?
20.4	MEDIC	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, farm, factory, street, office hidg., etc.)  21B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office hidg., etc.)  INJURY OCCUR?  (If in Baltimore City, give exact low low in the property of the property o	eation)
	-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  MHILE AT NOT WHILE AT WORK AT WORK	
and a		22. I hereby certify that I attended the deceased from 1915, to 192, to 193, that I law deceased alive on 1943, and that death occurred at 1962, from the causes and on the date sta	st saw the ted above.
180	24	4A. BURIAL, CREMA- 246. DATE 24C. NAME OF CEMETERY OF CREMATORY 246. LOCATION (City, town, or county)	(State)
3	110	on Removal (Specify) 12/26/53 Sparks Cemetery Sparks. Maryland	

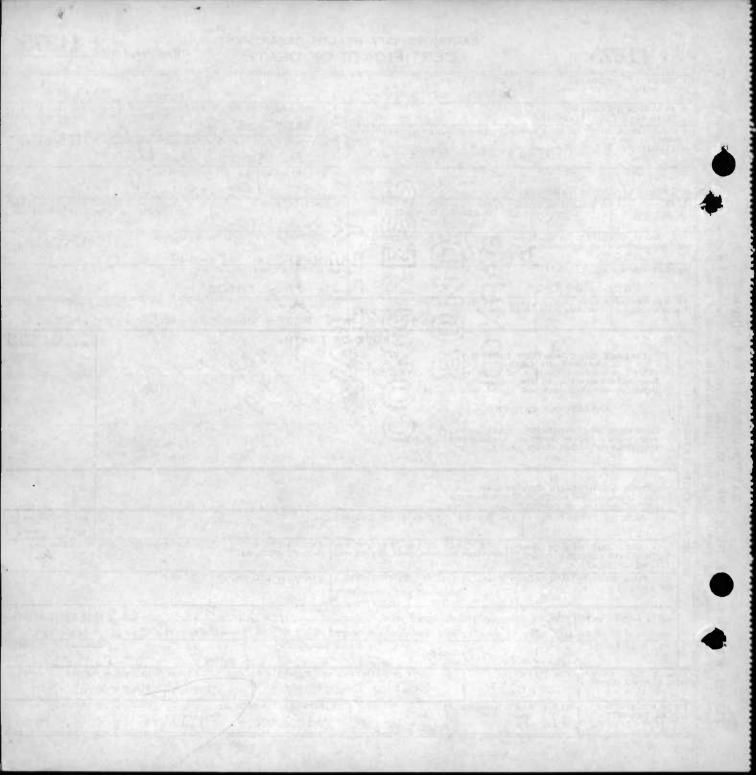
REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

VS 150

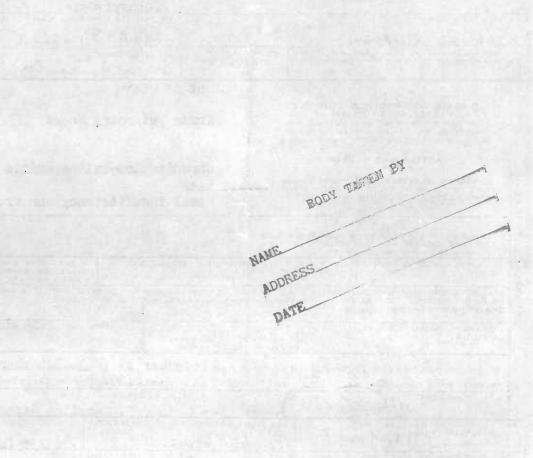
25. FUNERAL DIRECTOR
Phillips 1808 N.Monroe
St. 97042



C-462

BALTIMORE CITY HEALTH DEPARTMENT

	CERTIFICATI	E OF DEATH Registered No.						
	NAME OF DECEASED ype or Print)	2. DATE OF December 200 2002						
3	Clark, Nelle C.	DEATH December 22, 1953  1 4. USUAL RESIDENCE (Where deceased lived. If institution: residence						
	Baltimore City, Maryland	A. STATE B. COUNTY Before admission						
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)							
IN	STITUTION	townshir						
+	St. Joseph's Hospital	Baltimore D. STREET ADDRESS (If rural, give location)						
-	Mos.							
_	Length of stay in Baltimore 12 years Days SEX   6.COLOR OR RACE   7. SINGLE, MARRIED,	4609 York Road   9. AGE (In years) It Under 1 Year   It Under 24 Hour						
	Female White Widowed (Specify)							
	A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY						
Or IL	TODO O CHILD STORY WORKING THO, OVER 11 FEMTER)	Pennsylvania						
	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
,	SAMUEL CUPPETT	ELLA RINGLER						
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s. no or unknown) (If yos, givo war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS						
2.00	LEGINAL OF BUILDING STATES	Drop Och						
	18. 50 2 V . CAUSE	OF DEATH INTERVAL BETWEE						
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mode of dying, e.g., (A) Acute pulmonary edema							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
1								
7	ANTECEDENT CAUSES  (B)	onic glomerulonephritis						
ZOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE With							
<	(c) Renal insufficiency and uremia							
2								
TIFIC								
則	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
0	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO 20, AUTOPSY? CAUSE OF DEATH, ENTER IN YES NO YES						
S	21A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY	(e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)						
ED	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) about home, farm, factory, street, office	ebidg.,etc.) INJURY OCCUR?						
Σ	21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?						
	OF INJURY WHILE AT NOT WHI	ILE TO THE TOTAL PROPERTY OF THE PROPERTY OF T						
m.   WORK   AT WORK								
8	22. I hereby certify that I attended the deceased from Dec	cember 19, 1953, to December 22, 1953, that I last saw the						
	deceased alive on Dec. 22, 1953, and that death occur	urred at 6:00 a.m., from the causes and on the date stated abov						
	23A. SIGNATURE	236. ADDRESS 1400 N. Caroline Street Dec. 22, 195						
	/ Las them   >	THOO N. OCTUITING DOLEGO DEC. 22. 177						
24	M. D.   24C. NAME OF CEMETE							
24 TIC	REMOVAL (Specify)	ERY OR CREMATORY 24b. LOCATION (City, town, or county) (State						
TIC	ATE REMOVAL (Specify) 12/22 13 PLEASANTY	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State						
TIC	ATE REGISTRAP REGISTRAR'S SIGNATURE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State						
TIC	ATE REMOVAL (Specify) 12/22 13 PLEASANTY	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State						



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## CERTIFICATE OF DEATH

53 11277

BALTIMORE CITY HEALTH DEPARTMENT Registered No I. NAME OF DECEASED 2. DATE (Type or Print) CORDISH December 21, 1953 WILLIAM DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) B. COUNTY A. Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RUMAL and give INSTITUTION township) Johns Hopkins Hospital Baltimore and legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1108 Low Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) H Under 1 Year WIDOWED, DIVORCED (Specify) Months Days Hours Min. SINGI Male Colored 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) information shouls of death clearly 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY LABORER 13. FATHER'S NAME PORNISH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. causes INTERVAL BETWEEN 00,0 CAUSE OF DEATH ONSET AND DEATH Every item DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fracture of skull (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) TO MERC TYPE ANTECEDENT CAUSES Cerebral edema and contusion foci INK. FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .. ERTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. INJURY OCCUR? UTING [] CAUSE OF DEATH. 1108 Low Street Home 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED December 18, 1953 NOT WHILE X Fell down steps WHILE AT especially Autopsy 22. I certify that I took charge of the remains described above, held an \_ thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\), accident \(\), suicide \(\), homicide \(\), undetermined \(\). 23c. DATE SIGNED 23A SIGNATURA 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Dec. MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY ION (City, town, or county) 24A. BURIAL CREMA-TION, REMOVAL (Specify) 248. DATE ADDRESS

FUNERAL DIRECTOR

ADING UNFADING Physicians: WITH PLAINLY, WRITE PLEASE

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S

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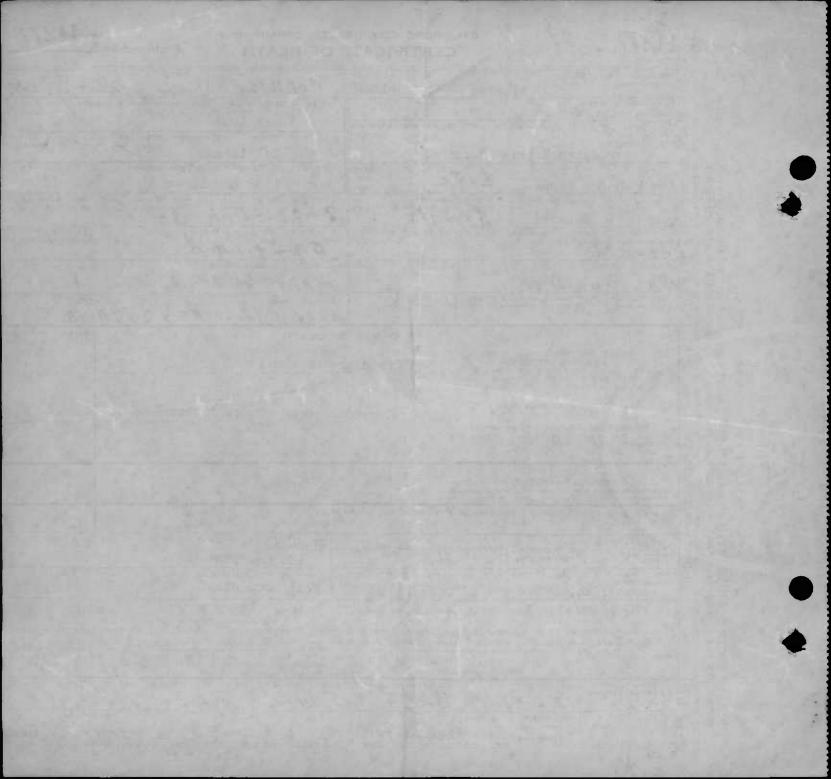
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12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN 20. AUTOPSY (If in Baltimore City, give exact location) 19 that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED DDRESS

before admission)

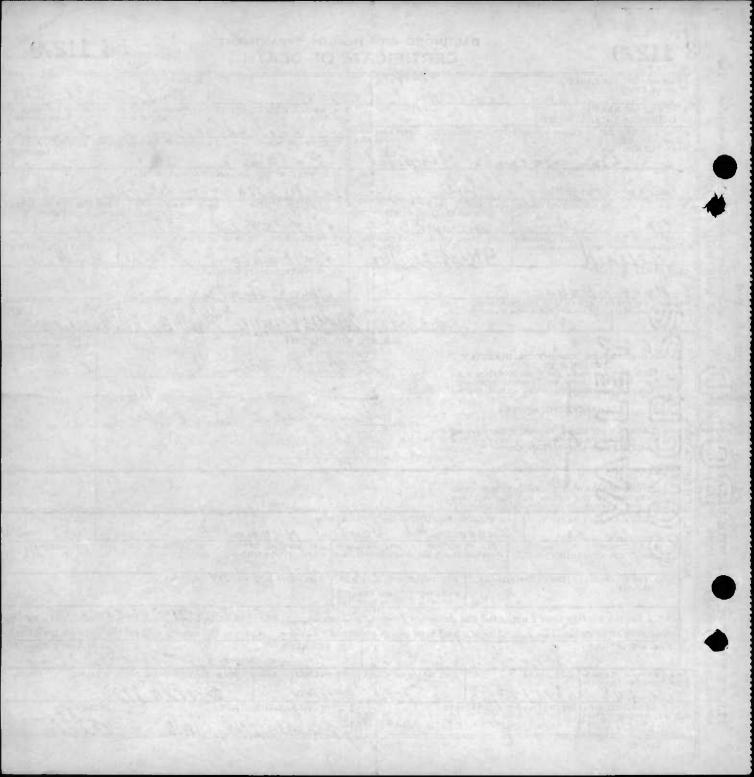
If Under 24 Hours

Hours! Min.

If Under 1 Year

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. OF enner DEATH-3. PLACE OF DEATH: A. Baltimore City. Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN INSTITUTION Yrs. Mos. c. Length of stay in Baltimore Montoe Days 5. SEX 6. COLOR OR RACE . SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 15 WIDOWED clearly 10A. USUAL OCCUPATION (Give kind of 11. GIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work dens during most of working life, even if retired) INDUSTR information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HEnry Fenner BINDING 15. WAS DECE SED EVER IN U. S. ARMED FORCES?
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4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) If Under 1 Year 9. AGE (In years last hirthday) | Months: Days | Hours | Min. 12, CITIZEN OF WHAT COUNTRY? U.S.A INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPS (If in Baltimore City, give exact location) , 1953 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS VS 150



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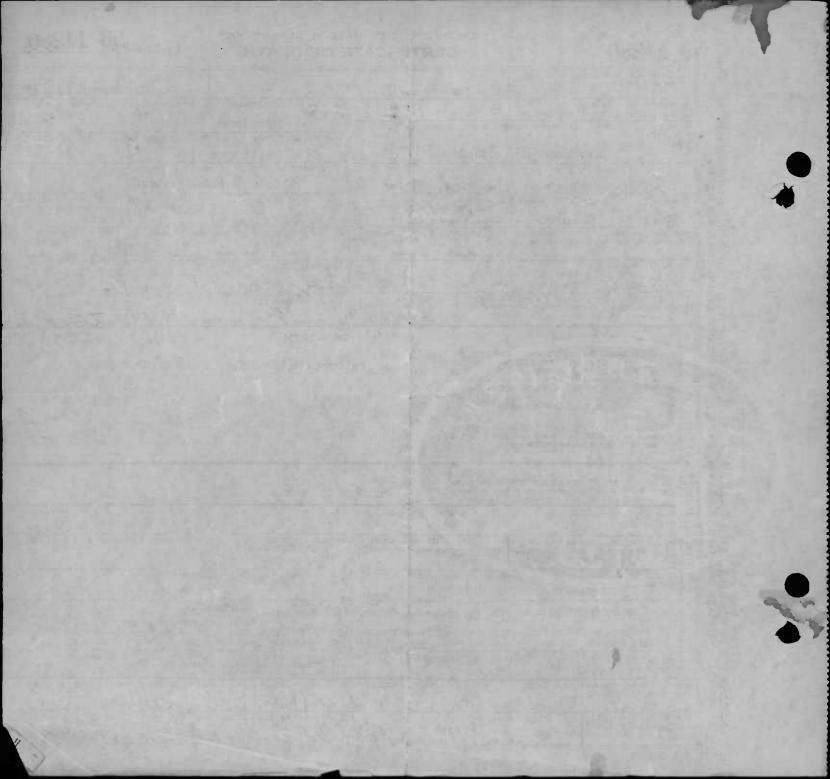
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MARGIN	UNFADING Physicians:
	WITH ortant.

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11280

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The		NAME OF DECEASED (ype or Print)	2. DATE OF December 21 1052
ed.	3.	PLACE OF DEATH:	DEATH DECEMBER 21, 1903
should be carefully supplied early and legibly.		Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before mission) Maryland
ns	H	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate lights, write RVRAL and give
ılly		St. Joseph's Hospital	Baltimore (township)
refu		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
ca) legi		Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	1810 Rutland Avenue  18. DATE OF BIRTH  19. AGE (In years) # Under I Year   # Under 24 Hours
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shc	work	dune during most of working life, even if retired)	WHAT COUNTRY?
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		heart failure, asthenia, etc. It means the disease,	Dronent CIS with prononopheatonia
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W ort:	EDIC	UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	etc.) INJURY OCCUR?
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N. V.		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
WRITE PLAINLY	10	22. I certify that I took charge of the remains described of	above, held an Autopsy thereon and from
E F	1	the evidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above,
ZIT.		and death in my opinion resulted from: natural cause.	$\mathbf{z}$ , aecident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
WI	1	23a SIGNATURE	ASSISTANT MEDICAL EXAMINER I Dog 21 1052
	24	4A. BURIAL, CREMA-1 24B. DATE // 124C. NAME OF CEMETE	
PLEASE correct ag	TIS	ON, REMOVAL (Streify) Dec 23-1953	ill (em. Winnstoro X C
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	LC	CAT REGISTRAN + + + WILLIAM	her Till'lleams 1515 mc Eldens

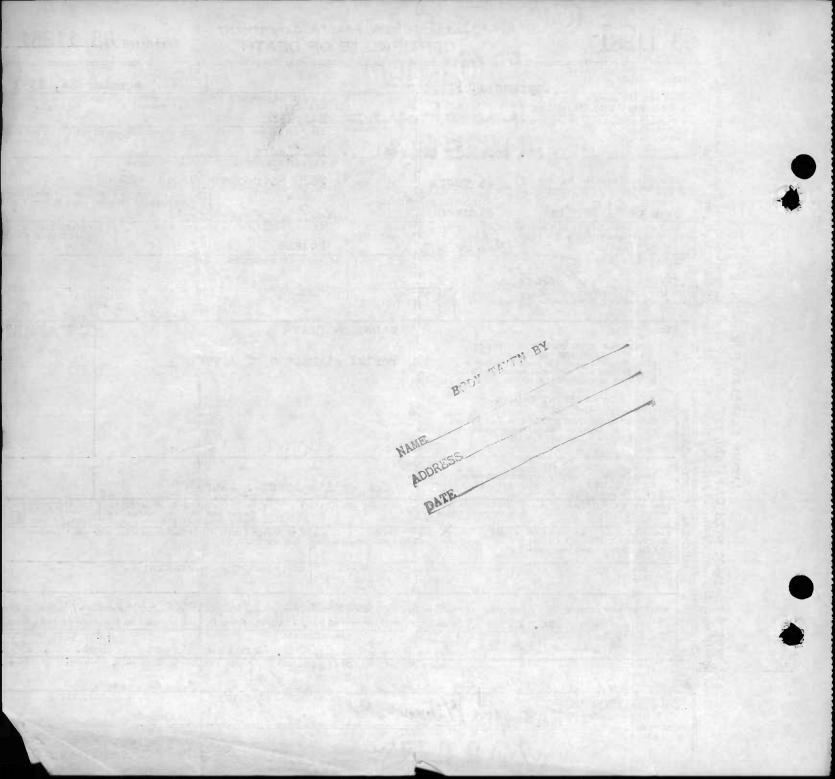


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MARGI	UNFADI Physician	
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### C-220 53 11281 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	N33	1	1	281
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HOSPITAL NAME OF HOSPITAL OF INSTITUTION  St. Joseph's Hospital  St.	1. NAME OF DE							
3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF HOSPITAL OR HOSPITAL  St. Joseph's Hospital  Yra. Mon. Days  C. Length of stay in Baltimore  25 years Days  Yra. Mon. Days  STREET ADDRESS (If rural, give location)  2029 Fairmount Avenue — E.  STREET ADDRESS (If rural, give location)  2029 Fairmount Avenue — E.  STREET ADDRESS (If rural, give location)  2029 Fairmount Avenue — E.  STREET ADDRESS (If rural, give location)  10a. USUAL OCCUPATION Give kinds (I) Hospital Interval Days Hospital  10a. USUAL OCCUPATION Give kinds (I) Hospital Interval Distance (I) Hospital Interval Days Hospital Interval Days  INDUSTRY Poland  14. MOTHER-MAIDEN NAME  15. WAS DECEASED EVER IN U. S. AFFED FORCES? Years  DISEASE OR CONDITION DIRECTLY (This does CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  (This does CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) POT 12 CITYLES OF WHAT COUNT ONSET AND DI HOSPITAL  ADDRESS  DISEASES OR CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING IT.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OR ONTO IT.  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION OR ONTO IT.  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION OR ONTO IT.  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION OR ONTO IT.  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION OR ONTO IT.  OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDI	TANG OF TIME	ECEASED	E18(E)			0.5		01 3075
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B. FULL NAME OF location locat				AL UNITED STATE	A. USUAL RESIL	DENCE (Where dece	ased lived. If ins	before admissio
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St. Joseph's Hospital  Yrs. Mos. Days  C. Length of stay in Baltimore  25 years  S. SEX  G. COLOR OR RACE  T. SINGLE. MARRIED. Windowed  S. DATE OF BIRTH  S	INSTITUTION			location)	c. CITY OR TOW	N (If outside co	rporate limiter w	RURAL and gi townshi
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C. Length of stay in Baltimore 25 years Days 2029 Fairmount Avenue - 5.  SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWECD DIVORCED (Specify) WIDOWED DIVORCED (Specify) WIDOWED DIVORCED (Specify) State of BIRTH 1900 1 State birthday) Months: Days Hours 1 10 A. USUAL OCCUPATION (Girekinlof) 10B, KIND OF BUSINESS OR INDUSTRY 10 BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. AFFED FORCES? (If yoe, give was practice) of service) 15. CAUSE OF DEATH 15. WAS DECEASED EVER IN U. S. AFFED FORCES? (If yoe, give was practice) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 19. CAUSE OF DEATH 18. SOCIAL SECURITY NO. 19. CAUSE OF DEATH 19. OTHER SIGNIFICANT CONDITIONS IF ANY, GIVING NISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CONTRIBUTIONS OF DEATH 19. CONTRIBUTIONS OF DEATH, ENTER IN 20. AUTOPSY WAS PERFORMED 19. CONDITION WAS RELATED TO 20. AUTOPSY WAS PERFORMED 19. CONDITION WAS RELATED TO 20. AUTOPSY WAS PERFORMED 19. CAUSE OF DEATH, ENTER IN 20. AUTOPSY WAS PERFORMED 20. AUTOPSY				Yrs.	D. STREET ADD	RESS (If rural, give	location)	
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HI DEATH (NOTIFE MEDICAL EXAMINER)	OR CONTRIB			home, farm, factory, street, office	hldg.,etc.) INJURY	OCCUR?		
2 1D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	5	Month) (Day) (Your)	(Hour) 1	21E. INJURY OCCUPRE	ED 21F HOW	V DID INJURY OC	CUR?	
OF INJURY WHILE AT NOT WHILE TO	OF INJURY	(Day) (Teal)	(22001)	WHILE AT NOT WHILE	LE	. 5,5 11,551(1 00	00111	
m.   WORK   AT WORK			m.				02 70	
22. I hereby certify that I attended the deceased from December 14, 1953 to December 21, 1953, that I last sau	22. I hereby	y certify that I att	tended the	deceased from Dec	ember 14, 19	53 to December	r 21, 1953, t	that I last saw t
deceased alige on Dec. 21, 1953, and that death occurred at 3:10pm., from the causes and on the date stated ab				and that death occur	rred at 3:10pm	n., from the cause	s and on the	date stated abou
23A. SIGNATURE .   23B. ADDRESS   23C. DATE SIGN			D.		3B. ADDRESS			23c. DATE SIGNE
	1	aus V	tu	1. M.D.	1400 N. C			ec. 21, 199
24A. BURTAL, CREMA- 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (St			,	246 NAME OF CEMETE	RY OR CREMATOR	Y 240. LOCATION	(City, town, or	county) (State
TION, REMOVAL (Specify)		Lector -	5/1/		9/ 4/1	W / 7		
	DALANA -		1 44 16 1	-//200		10/11/1/10	Humaso	,
Date received of registrar's Signature.  Date received registrar's Signature.  Date received registrar's Signature.  Date received registrar's Signature.	DATE REGELVE	REGISTRAR	S SIGNAT	Lacred	5/FUNERAL DI	pry Way		
Qurial Dec 24/53 Sacred Heart Mary Vallimore	DATE RECEIVED	REGISTRAR	S SIGNAT	Villiams, Mr	FUNERAL DI	RECTOR SAS		



C-16	2
53 11282	
BIRTH NO.	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 11282

_	NAME OF D	ECEASED				2. DATE	the first of	
	pe or Print)	Emma A.	Cofra	n		OF DEATH	Dec.	20/53
A. ]		City, Maryland			4. USUAL RESIDENCE	(Where deceased B. COU		itution : residence before admission
HO	FULL NAME SPITAL OR STITUTION	325 S.Mo		ion, give street address or location)	c. CITY OR TOWN (Baltimore	If outside corpo	ato limits, w	rite RURAL and gi
-	Length of s	tay in Baltimore	L	Yrs. Mos. Days	o. STREET ADDRESS (1 325 S. Mount	f rural, give bea	ation)	6
5. 9	sex emale	6.COLOR OR RACE	7. SINGLE WIDOW Marr	E. MARRIED, (ED. DIVORCED (Specify)	8. DATE OF BIRTH NOV. 1,1875	9. AGE (In last) isth	years If Underday) Month	s 1 Year If Under 24 Hous Days Hours Mir
IOA. USUAL OCCUPATION (Give kind of the line of the li				11. BIRTHPLACE (State or Balto. Id.	foreign country	) 12	CITIZEN OF WHAT COUNTRY	
3.	FATHER'S	Ramming	-47		14. MOTHER'S MAIDEN I	NAME		
15. Yes,	WAS DECEAS no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS  Edward L.Cofran, Sr. 325 S. Mount St			
RTIFICATION	heart failt injury or DISEASE RISE TO T UNDERL	LEADING TO DEAT i not mean the mode of the asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) /ING CONDITION LA	f dying, e. ; ns the diseas aused death ES F ANY, GIVIN STATING TH	(B)	arour Thro acute antero. Deneralzed a	rterios	nfaritis	About 2 wife
CER.	TRIBUTING	IGNIFICANT CONDI	NOT RELATE CAUSING 1	T				
AL	19A. DATE C	of operation o	9B. MAJOR	FINDINGS OF OPER	RATION			YES NO
EDIC	21A. ACCIE LYING O CAUSE OF	PENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., if farm, factory, street, office bldg.,		(If in Baltimor	re City, give	exact location)
Σ	210. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?		
	22. I hereb	y certify that I att	cnded the	and that death occur	rred at 4p.m., from			
	23a, SIGNA	abram	Hole	dwan M.D.	206 3. S	ilmor 37	. 2	12/ 12/5:
TIO	Burial	Dec. 24		Loudon Pk.	Baj	Location (Ci	Md.	
Lo	TE RECEIVE	D BY REGISTRAR	SSIGNATI	Wollieus M	army N. Wille	/.	Ldmon	dson Ave.
	VS 150	11. 20 es	U		1			

	N-400 BALTIMORE CITY HEALTH DEPARTMENT 53	11283
)g	CERTIFICATE OF DEATH Registered No	11200
(7	NAME OF DECEASED Purify 2. DATE OF DEATH DEC.	2/15
A	B. PLACE OF DEATH:  Baltimore City, Maryland  Baltimore City, Maryland  Baltimore City, Maryland  Baltimore City, Maryland	tution : residence before admissi
H	S. FULL NAME OF (If not in hospital or institution, give street address or location)  OSPITAL OR NSTITUTION  OR OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside corporate limits, wr	ite RURAL and a
70	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days	3 # UP
	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  8. DATE OF BIRTH  9. AGE (in years last birthday)  Months	Year If Under 24 H Days Hours M
10 wor	OA. USUAL OCCUPATION (Givekind of red fred in the first of the country)  National Occupation (Givekind of red fred in the first of the	CITIZEN OF WHAT COUNT
	3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  LIEN  R. Wiley  Nath C. 1/2 Land	
II (x	5. WAS DECEASED EVER/IN U. S. ARMED FORCES? 66, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.  CSENSE  ADDR	ESS
		INTERVAL BETWO
7	ANTECEDENT CAUSES (B) legystersive Carly vescolar de	
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C) A DELLA PROBLEMAN CONDITION  (C) A DELLA PROBLEMAN CON	7
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
_	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
MEDICA		exact location)
_	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from Sec 15, 1957 to Dec 21, 1956th	at I last saw
4	deceased alive on Oc. 19 and that death occurred at from the causes and on the de	

before admission)

If Under 24 Hours

Hours : Min.

WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

that I last saw the

date stated above.

23C. DATE SIGNED

24D. LOCATION (City, town, or county)

write RURAL and give

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 12/23/53 Druid Ridge Cem. Pikesville, Md. Burial DATE RECEIVED BY FUNERAL DIRECTO APPRESS VS 150

24C. NAME OF CEMETERY OR CREMATORY

2/48. DATE

12821428

ALE TO THE WAY

REGISTRAR'S SIGNATURE!

before admission)

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPS)

23c. DATE SIGNED

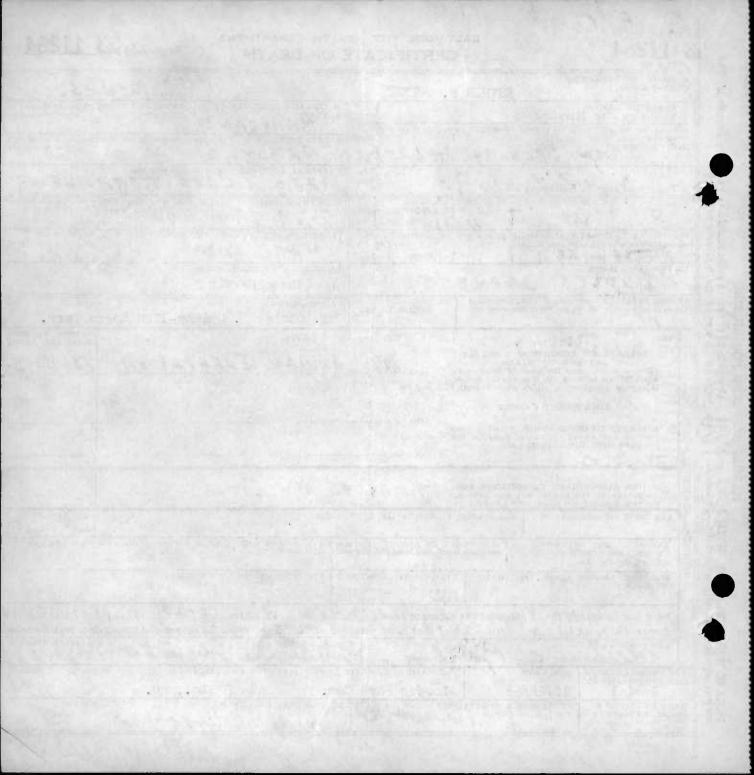
ADDRESS

ADDRESS

LOCAL REGISTRAR

VS 150

supplied.



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V.V	9	400	-
BIRTH	18	85	

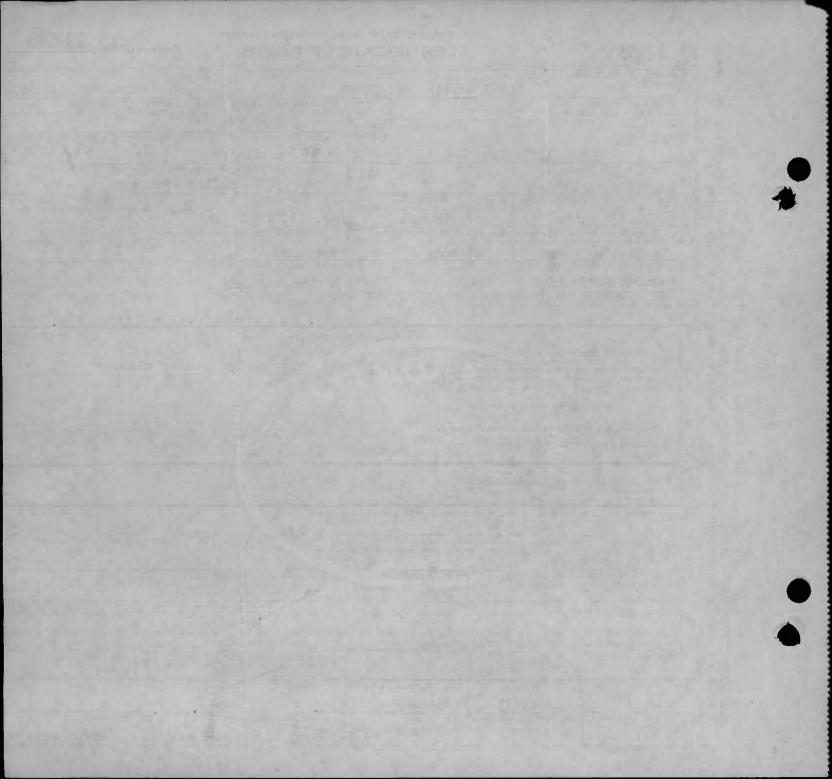
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11285

BIRTH NO.											
The	1.	NAME OF D	DECEASED	LISE OTT	TIE NODI	רחטבי			2. DATE OF De	ed man	er 21, 1953
lied.		PLACE OF D		ISE CIT	THOM CITE	DHOFF	4. USUAL RESIDE			d. If insti	
carefully supplied egibly.	B. HC	FULL NAME OSPITAL OR ISTITUTION		al or institutio	on, give street addr	ress or	Mary				rite RERAL and giv
ılly	11.	STITUTION	3706 Clifton	n Avenue				imore		5	- township
refu						Yrs. Mos.	D. STREET ADDRE		7		
cal		Length of s	stay in Baltimore	LA CINCLE		Days	8. DATE OF BIRTH		on Avenue		r ) Year   It Under 24 Hours
should be carefu		Female	White	W	, MARRIED, ED, DIVORCED (S vidowed	Specify	Dec. 13, 187		9. AGE (In year last birthday) 83	Months	Days Hours Min.
loul ly	10	A. USUAL OC	CCUPATION (Give kind of lof working life, even if retired)	10B. KIND	OF BUSINESS C		11. BIRTHPLACE (S		eign country)	12.	CITIZEN OF WHAT COUNTRY
sh		Housewi	ife	at h		31111	Maryland				WHAT COUNTY
ion cl	13	FATHER'S					14. MOTHER'S MAI	IDEN NAM	1E		THE CHILLY
nat		Amandus	Nordhoff				Martha Ullr	ich			
information shous of death clearly	15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY I	NO	17. INFORMANT			ADDR	ESS
inf s of	,	10	(		none		Mr. Fred N	lordhof	f-3706 CI	liftor	n Ave.
em of i		18. 11.2	21		CAL	JSE (	OF DEATH	1 0200	73 - 10 - 2 22		INTERVAL BETWEE
Every item write the cau		DISEA	SE OR CONDITION						HELDEL.	1	A LALE - A P.
the the		(This doe	LEADING TO DEAT	of dying, e. g.,		rios	clerotic car	rdiovas	scular di	sease	
te i		heart failt	ure, asthenia, etc. It mea r complication which c	ans the disease.							
Ever			ANTECEDENT CAUS							14 12	
						**********	***************************************		***************************************	************	
INK.	ATION	RISE TO	ES OR CONDITIONS, II THE ABOVE CAUSE (A)	STATING THE							A CHARLES
5	AT	UNDERL	YING CONDITION LA	ST.			••••••		•		
UNFADING Physicians:	C										
AD icia	RTIFIC		SIGNIFICANT CONDI							- 11 12	
NE	ER		G TO THE DEATH, BUT DISEASE OR CONDITION								
=	LC	19A. DATE O	OF OPERATION 1	9B. MAJOR I	FINDINGS OF	OPERA	ATION				YES NO
ILY, WITH important.	EDICA	UNDERLYIN	NAL CAUSE WAS NG OR CONTRIB. CAUSE OF DEATH.	about home, far	CE OF INJURY rm, factory, street, office	(e. g., in tebldg., et	or 21c. WHERE D injury occur	ID (If R?	in Baltimore Ci	ity, give	exact location)
TE PLAINLY, especially imp	ME	21D. TIME OF INJURY	(Month) (Day) (Year)	WH		CURRE	21F. HOW DID	INJURY	OCCUR?		
ally		22. I cert	ify that I took char				have held an Ins	spection	on & Inqu	iry ti	hereon and from
Pl							A	Autopsy, In:	spection or Ingu	uirv	
WRITE ge is esp		and d	vidence obtained by eath in my opinion	said Autop	sy, Inspection om: natural c	auses	aquiry, fina that	said dece	cased a:ca or   homicide [	unde	ay statea above termined $\square$ .
RI		23A, SIGNA		1. 1			23B. CHIEF ME	EDICAL EX	AMINER		ATE SIGNED
age W			1/5/1	who	e	м.	D. MEDICAL INVE	ESTIGATOR	R		. 21, 1953
	24	A. BURIAL.	Specify)	24	4c. NAME OF CE	METER	RY OR CREMATORY	24D. LOC	CATION (City, t	own, or co	ounty) (State)
PLEASE correct as		Burial	12/23/	53	Green Mou	int N	laus.	Balte	o. Md.	0	
PL		ATE RECEIVE		SSIGNATUR		44	25 FUNERAL DIRE	EGNON 1	10	1 (4)	DRESS
DEC 2310ES						DA	May 1				

V S 151

js



(7	NAME OF Drype or Print)		= LER - Ida Dorfle	er	2. DATE OF 12- DEATH	-19-53
А.	FULL NAME	EATH: City, Maryland	al or institution, give street address o	4. USUAL RESIDENCE A. STATE Marylane	d B. COUNTY	before admission
112	OSPITAL OR NSTITUTION	St. Agnes Ho	ospital	Baltimore		ults, write RURAL and giv township
		tay in Baltimore	Yrs. Mos. Days		Avenue	5300
	Female	6.COLOR OR RACE White	7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify Married	8-28-1911	9. AGE (In years last birthday)	Months Days Hours Min
WOL	Housewij		108. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or Maryland	r foreign country)	12. CITIZEN OF
13	John I			14. MOTHER'S MAIDEN NAME Jennie Weekler		
1! (Ye	5. WAS DECEAS es, no or unknowe) NO	ED EVER IN U.S. ARMER (If yes, give war or date None	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Family and I	Hospital Reco	ADDRESS
	(This does	LEADING TO DEAT	f dying, e. g., (A)	emia		
CATION	(This does heart failt injury or DISEASE	LEADING TO DEAT	f dying, e.g., (A)	emia Is- Genal clampsia	Deserve	.go)
ERTIFIC	(This does heart failt in jury or DISEASE RISE TO TUNDERL'	LEADING TO DEAT s not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, III	f dying, e.g., f dying, e.g., ste disease, aused death.)  DUE TO  SES  (B)  CONTRIBUTING RELATED TO THE	emia dis-Renal clampsia	Deserce	250)
RTIFIC	(This does heart failt injury or DISEASE RISE TO TUNDERL' OTHER SIGNOTHER SIGNO	LEADING TO DEAT SO NOT MEAN TO BE AND THE MEAN TO BE AND TO BE AND THE MEAN TO BE AND THE AND	CONTRIBUTING RELATED TO THE	PERATION IF OPE CAUSE PART	RATION WAS RELATED OF DEATH, ENTER I OR PART II	TO 20. AUTOPSY?
ERTIFIC	OTHER SIGNAL DISEASE CONTROL  21A. ACCID OR CONTROL	LEADING TO DEAT SO NOT MEAN TO BE AND THE MEAN TO BE AND TO BE AND THE MEAN TO BE AND THE AND	CONTRIBUTING RELATED TO THE  LIT.  CONDITION FOR WHICH O  VAS PERFORMED  CONTRIBUTION  CONDITION FOR WHICH O  VAS PERFORMED	PERATION IF OPE CAUSE PART	RATION WAS RELATED OF DEATH, ENTER I OR PART II O (If in Baltimore Cit	TO 20. AUTOPSY?
DICAL CERTIFIC	(This does heart failt in jury or DISEASE RISE TO THE DISEASE (19A. DATE CONTRIL DEATH (NO.	LEADING TO DEAT  s not mean the mode core, asthenia, etc. It mea complication which of  ANTECEDENT CAUSE  S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  II SNIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSING OF OPERATION  IV ENT WAS UNDERLYING BUTING CAUSE OF	CONTRIBUTING RELATED TO THE IT.  SES  CONTRIBUTING RELATED TO THE IT.  SES  CONDITION FOR WHICH O VAS PERFORMED  RELATED TO THE SIT.  SES  CONDITION FOR WHICH O VAS PERFORMED  RELATED TO THE SIT.  SES  CONDITION FOR WHICH O VAS PERFORMED  RELATED TO THE SIT.  SES  CONTRIBUTING RELATED TO TH	PERATION IF OPE CAUSE PART  (e. g., in or 21c. WHERE DID INJURY OCCUR.)  RED 21f. HOW DID I	RATION WAS RELATED OF DEATH, ENTER I OR PART II O (If in Baltimore Cit	TO 20. AUTOPSY?
DICAL CERTIFIC	OTHER SIGNOR CONTRIL DEATH (NO. 210. TIME OF INJURY	SEADING TO DEAT S not mean the mode oure, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II THE ABOVE CAUSE (A) FING CONDITION LA  II SINIFICANT CONDITIONS DEATH BUT NOT IN DEATH WAS UNDERLY BUT WAS	CONTRIBUTING SEA CONDITION FOR WHICH O VAS PERFORMED  NG 21B. PLACE OF INJURY sbout home, farm, factory, street, office  (Hour) 21E. INJURY OCCURR WHILE AT NOT WH WORK NOT WH Work AT WOO  Lended the deceased from and that death occur  1, 19 3 and that death occur	PERATION IF OPE CAUSE PART  (e. g., in or 21c. WHERE DID INJURY OCCUR.)  RED 21f. HOW DID I	RATION WAS RELATED OF DEATH, ENTER I OR PART II O (If in Baltimore Cit ) NJURY OCCUR?	ty, give exact location)

See query reply in Document file.

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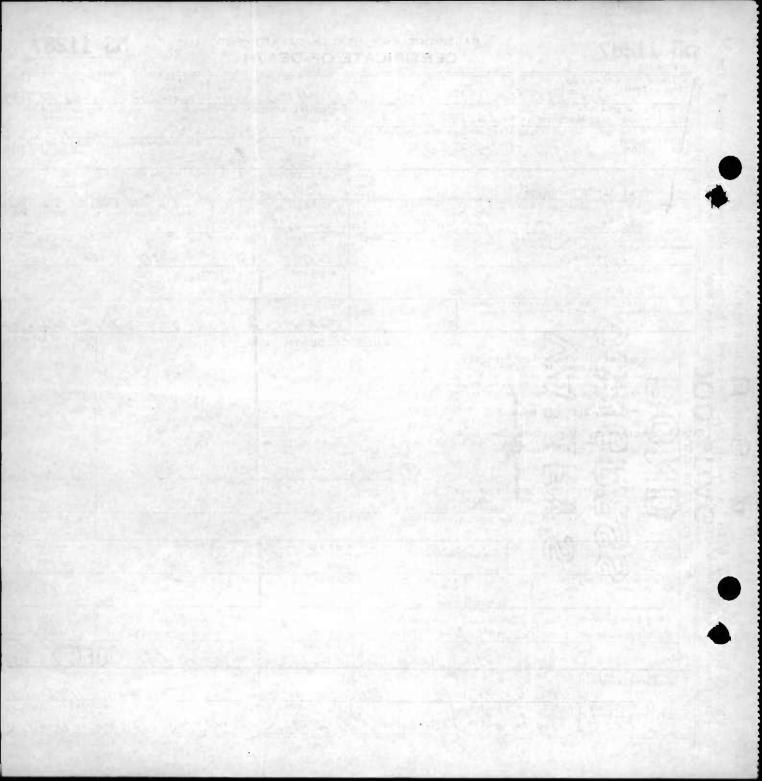
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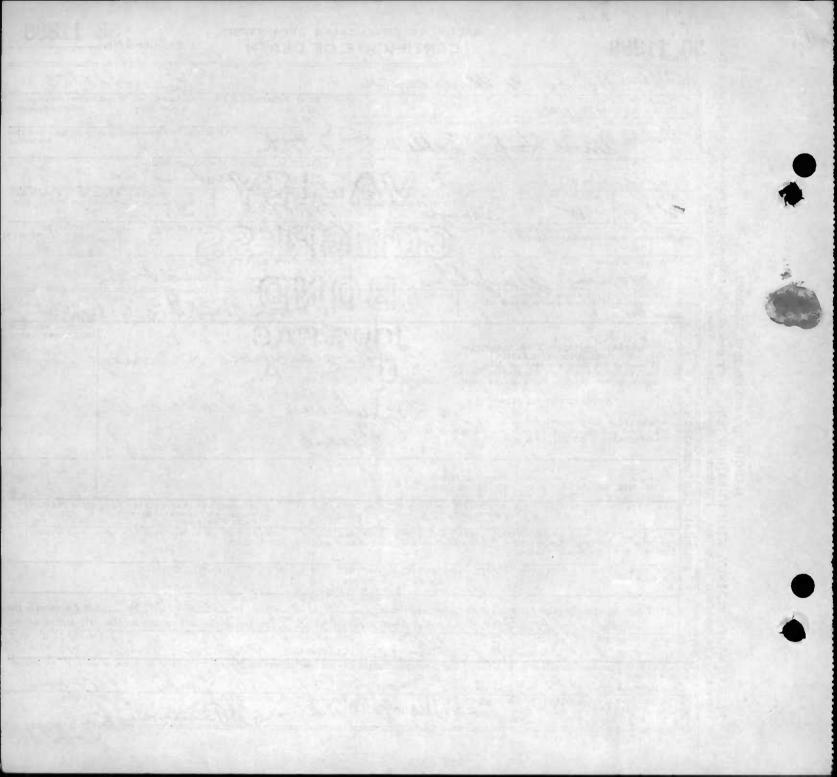
### BALTIMORE CITY HEALTH DEPARTMENT

52 44907

The		CERTIFICATE	E OF DEATH Registered No. 11207
		NAME OF DECEASED Type or Print) CATHERINE M. RO	BERTS 2. DATE OF DEATH DEC 20, 1853
y supplied	3. A.	Baltimore City, Maryland 2436 E. EAGER	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
	B. H	FULL NAME OF (If not in hospital or institution, give street address or	C. CITY OR TOWN (If outside corporate mice, frie Roll and give
y.	IN	NSTITUTION 2436 E. EAGER ST	BALTIMORE township)
ar gibly.		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
To large	-	E. Length of stay in Baltimore Days Days Days G. SEX G. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) IN Under 1 Year   If Under 24 Hours
should early an	F	FEMALE WHITE WIDOWED (Specify)	DE 6 18-1876 last birthday) Months Days Hours Min.
	wor!	OA. USUAL OCCUPATION (Give kind of PRICE OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
tion h cl	13	AT HOME  3. FATHER'S NAME	BAUTIMORE MD U-S-A.
rmatic		MICHAEL HUBER	
nfo	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
of	_	no –	FRANCIS A. ROBERTS 2217 E-NADSOM
ca	A	DISEASE OR CONDITION DIRECTLY	OF DEATH
2		LEADING TO DEATH (This does not mean the mode of dying, e.g.,	Hartweigen ander
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	0 1000
	-	ANTECEDENT CAUSES	2 cultivary
INK.	Q.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	19 Soits Molition
NG IS: ]	CAJ	UNDERLYING CONDITION LAST.	The state of the s
ADING icians:	TIFI	11 (-1/)	grang fings
UNFADING Physicians:	CER	TRIBUTING TO THE DEATH, BUT NOT RELATED	
⊞ .	4	19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
LY, WITH important.	DIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If in Baltimore City, give exact location)
CY, mpoi	ME		
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	ED 21F, HOW DID INJURY OCCUR?
PLA		m. WORK AT WORK	000 / 1000 1000 9010 2011
Dee		deceased alive on 1911, 195, and that death occur	red at 1 m., from the causes and on the date stated above.
WRI e is			3B ADDRESS OF PORCE SIGNED
20	2		RY OR CREMATORY 240. LOCATION (City town, or county) (State)
EASE rect a	Z	BURIAL DEC 23.1953 HOLY RED	DEEMER BALTIMORE MO
PLE.		OCAL REGISTERS OF	125 FUNERAL DIRECTOR ADDRESS 4210

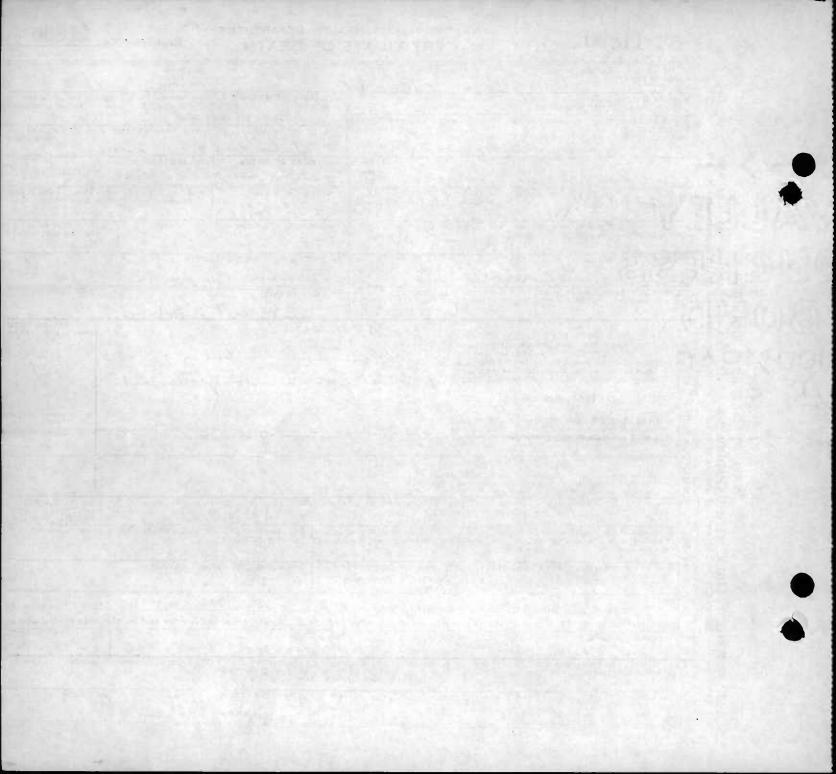


	BALTIMORE CITY HEALTH DEPARTMENT X Registered No. 11288					
	BI	11288 CERTIFICA	TE OF DEATH Registered No.			
	(T	NAME OF DECEASED Type or Print) HENRY W. WINFELTER	2. DATE OF DEATH 12/22/53.			
	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)			
	HO	FULL NAME OF (If not in hospital or institution, give street address ospital or institution, give street address location and the street address location with the street address location and				
gibly.	5	Yrs	your			
legi	_	Length of stay in Baltimore 7 Mos	620 S. Pershing as.			
y and	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Control of the control of th	8. DATE OF BIRTH 9. AGE (In years it Under I Year Months Days Hours Min.			
Clear		DA. USUAL OCCUPATION (Give bind of lob. KIND OF BUSINESS OR INDUSTRIBLE OF BUSINESS	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?			
death	13	Harry Mindelder	14. MOTHER'S MAIDEN NAME			
10		5. WAS DECEASED EVER IN U.S. ARMED FACES? 16. SOCIAL 16. SOCIAL SECURITY NO.	17. INFORMANT  ADDRESS  ALLE GIES PRILLE			
e the causes		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	barachuoid Hemarker 12 day			
is: piease write	CATION	injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	eare Cardie Vascular			
rnysicians:	ERTIFI	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	historily			
	U	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED	OPERATION   IF OPERATION WAS RELATED TO   20. AUTOPSY?   CAUSE OF DEATH, ENTER IN   YES   NO			
important.	EDICAL	21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE OF INJURY OR CONTRIBUTING ☐ CAUSE OF about home, farm, factory, etreet, off DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., in or 21C. WHERE DID (If in Baitimore City, give exact location)			
	Σ	RED 21F, HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 12/14/53, 19, to 22/55, 19, the deceased alive on 2/52, 19, and that death occurred at 7 m., from the causes and on the deceased alive on 2/52, 19, and that death occurred at 7 m., from the causes and on the deceased alive on 2/52, 19, and that death occurred at 7 m., from the causes and on the deceased alive on 2/52, 19, and that death occurred at 7 m., from the causes and on the deceased alive on 2/52, 19, and that death occurred at 7 m., from the causes and on the deceased alive on 2/52, 19, and that death occurred at 7 m., from the causes and on the deceased alive on 2/52, 19, and that death occurred at 7 m.						
20		deceased alive and fifty and that death oce 23A. SIGNATURE	295 ADDRESS Hop. Bullollo 23c. DATE SIGNED			
ct age	TIC		S CONTROL 24D-LOCATION (City, town, or county) (State)			
correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE	ADDRESS ADDRESS			
	n	VS 150	York Ja			

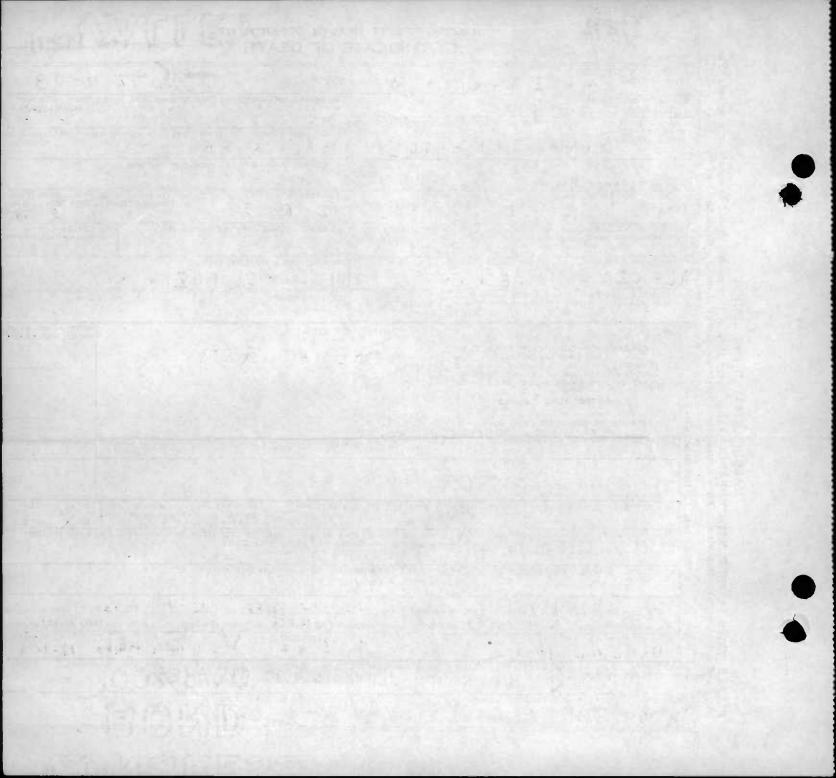


	1			
		73 11607	EALTH DEPARTMENT	Registered No. 11289
		RTH NO. 93.30629 CERTIFICAT	E OF DEATH	registered No.
	1. (T	NAME OF DECEASED Baby Boy En	Sey 2. DA	ATE Dec. 17, 1953
	3.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE Where de	
	8.	FULL NAME OF (If not in hospital or institution, give street address of	Maryland	
		STITUTION Frankly Square Heep	C. CITY OR TOWN (If outside	corporate limits, write RURAL and give township)
2	57	Mos.	D. STREET ADDRESS (If rural, gi	
		Length of stay in Baltimore Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		E (In years   H Under 1 Year   H Under 24 Hours
	2	MALE WHITE SINGLE (Specify		t birthday) Months Days Hours Min
	work	A. USUAL OCCUPATION (Give kind of dooe during most of working life, even if retired)  INDUSTRY	Baltinae,	md. 12. CITIZEN OF WHAT COUNTRY?
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0
	15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL	alma Stein	
	(Yes	s, no or coloown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
	TION	DISEASE OR CONDITION DIRECTLY	of DEATH known boxia of wknown	INTERVAL BETWEEN ONSET AND DEATH ON SET: IN Utero, time unde noun
	RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	He Certial herrous	
	ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
1	1	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDING 19B. MAJOR FINDING 19B. MAJOR FINDING 19B. MAJOR	RATION	20. AUTOPSY?
	CAI			YES X NO
	MEDIC.	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg.	io or 21c. WHERE DID (If in Ba INJURY OCCUR?	ltimore City, give exact location)
	-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY  WHILE AT NOT WHILE AT WORK		R?
		22. I hereby certify that I attended the deceased from	ce 16, 1953, to Dec	17, 1953, that I last saw the
		deceased alive on Nec. 17, 1953, and that death occu		ses and on the date stated above.
		23A. SIGNATURE F. Noguera M.D.	Tranklin Square 1	tropiled Dec 17 /3
200	24 TIC	A. BURIAL, CREMA- DN, REMOVAL (Specify)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ON (City, town, or county) (State)
1		THE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS WILL
	==	VS 150	8	
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	3 113 RTH NO. 3	90 3-3	30488	ВА	LTIMORE CERTIF					Regi	istered	No_	1129	0
1. NAME OF DECEASED (Type or Print) Baisy GIRL TRAHAM						2424	,			2. DATE OF	12	/14	153	
	PLACE OF D Baltimore (		/	OTTE	Con 1/2	HHAN	4. USL	JAL RESIDE	NCE (W	here decease		f instit	ution : resi	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)						c. CITY	Mari		outside corpo	12 a	Ita. Wri	te RURAI	and ci	
J.	STITUTION	les	wers	rety k	Hospita	ae		2	dal	k	53	53		ownsh
-	()			0,	.,	Yrs. Mos.		EET ADDRE	ess (If		cation)		7.044	2.2
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٥.	F	U.COL	W	WIDOV	VED, DIVORC	ED (Specify)		-13-5-					Days Hou	
	A. USUAL OC done during most				D OF BUSINE	ESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT							
13. FATHER'S NAME							14. MO	THER'S MA	IDEN NA	ME				77
	2311-51	i	Cew.				F	reda	c	unne	It	-		
15 Yee	. WAS DECEASI	D EVER	IN U. S. ARMEI	D FORCES?	16. SOCIA	L RITY NO.	17. INF	ORMANT				ADDRI	ESS	
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3	injury or DISEASES	ANTECI	nia, etc. It mea ation which of EDENT CAUS EDENTIONS, I PE CAUSE (A) DNDITION LA	ans the disea caused death SES FANY, GIVII STATING T	se, h.) DUE TO (B) NG HE DUE TO	RRJ		tor in	comp	path C	ela	y y	1 a	(u)
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The	BIF	53 11291 BALTIMORE CITY HE RTH NO. 53-36284 CERTIFICATE		11291
- fi		NAME OF DECEASED  (P) OF Print) MAJEWSKI BABY B	304   2. DATE OF 12-1	11-53
d be carefully supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If insti	itution: residence before admission)
	HO	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION STATEMENT OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, wi	rite RURAL and give township)
	4	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	10
be ca	-	Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.		r ) Year   If Under 24 Hours
uld h		M WIDOWED, DIVORCED (Specify)	12-10-53 last birthday) Months	Days Hours Min.
on should clearly a		A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)   12.	CITIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
NG rmatio death	A	LFRED MAJEWSKI	DOLOKES GUZINSKI	
R BINDING em of inform causes of dea		. WAS DECEASED EVER IN U.S. ARMED FORCES? (In oo or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDE	RESS
MARGIN RESERVED FOUNFADING INK. Every ite Physicians: please write the	IFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
MAI VFA vysic	ERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
MA UNF Physi	U	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO	
н	1		CAUSE OF DEATH, ENTER IN PART I OR PART II	YES NO
WITH ortant.	IEDICAL		CAUSE OF DEATH, ENTER IN PART I OR PART II  (e. g., in or 21c. WHERE DID (If in Baltimore City, giv bldg., etc.)  INJURY OCCUR?	YES NO
VLY, WITH important.	U	21a. ACCIDENT WAS UNDERLYING   21b. PLACE OF INJURY ( about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)  21b. PLACE OF INJURY ( about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)  21c. INJURY OCCURRY WHILE AT WORK AT WORK TO AND THE PROPERTY OF INJURY OF INJURY OCCURRY WHILE AT AT WORK AT WORK	CAUSE OF DEATH, ENTER IN PART I OR PART II  (e. g., in or biddg., etc.)  ED 21F. HOW DID INJURY OCCUR?	YES NO De exact location)
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PLAINLY, WITH ecially important.	EDIC.	21a. ACCIDENT WAS UNDERLYING   about home, farm, factory, street, office   about home, farm, factory, street, office   21b. Time (Month) (Day) (Year) (Hour)   21c. Injury Occurring   21c. Injury Occ	CAUSE OF DEATH, ENTER IN PART I OR PART II  (e. g., in or bldg., etc.)  ED 21F. HOW DID INJURY OCCUR?  LE X  2 1 1 1 2 3 4 5 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	e exact location)  hat I last saw the date stated above
PLAINLY, WITH ecially important.	MEDIC	21a. ACCIDENT WAS UNDERLYING   about home, farm, factory, street, office   DEATH (NOTIFY MEDICAL EXAMINER)   21b. PLACE OF INJURY (about home, farm, factory, street, office   DEATH (NOTIFY MEDICAL EXAMINER)   21c. INJURY OCCURRY OF INJURY   WHILE AT   NOT WHILE AT WORK   NOT WHILE AT W	CAUSE OF DEATH, ENTER IN PART I OR PART II  (e. g., in or bldg., etc.)  ED 21F. HOW DID INJURY OCCUR?  LE X  2 - 10 , 19 53, to 12 - 11 , 19 54  Tred at 12,55a m., from the causes and on the causes and on the causes and on the causes of the c	hat I last saw the date stated above
CAINLY, WITH	MEDIC	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21b. TIME (Month) (Day) (Year) (Hour)  21c. INJURY 21c. INJURY OCCURRING WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 12-11, 19-3, and that death occur 23a. SIGNATURE  23a. SIGNATURE  24b. BURIAL. CREMA-1 24b DATE  124c. NAME OF CEMETE	CAUSE OF DEATH. ENTER IN PART I OR PART II  (e. g., in or Shidg., etc.)  ED 21F. HOW DID INJURY OCCUR?  LE X  2 - (0), 1953, to 12-11, 1953t  rred at 12,55a m., from the causes and on the causes and on the causes of the causes	hat I last saw the date stated above (3c. DATE SIGNED)



1	T=7-60	\$ " Part Strait Command
	50 11292 BALTIMORE CITY I	HEALTH DEPARTMENT
0)		TE OF DEATH Registered No. 1130
The	BIRTH NO.	
	(Type or Print) CECELIA TUCKER.	2. DATE OF DEATH /2-22-53
pplie	3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If Institution: residence A. STATE B. COUNTY before admission)
ns	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locatio	or
fully y.	INSTITUTION MERCY HOSPITEL	C. CITY OR TOWN (If outside eorporate limits, write RURAL and give township)
caref	c. Length of stay in Baltimore 60	5208 Wannesser Ave
uld be y and	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Color)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year Months Days Hours Min. 72.
on sho	10A. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired)  House UIFE	11. BIRTHPLACE (State or foreign country)  LITHUANIA  12. CITIZEN OF WHAT COUNTRY?
(DING information should be carefully supplied. s of death clearly and legibly.	Mathan Margolis	14. MOTHER'S MAIDEN NAME Sarah Kremer.
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)   16. SOCIAL   SECURITY NO	Pra Luker- 5708 Woodcraf Oug
FOR ty item the cau	DISEASE OR CONDITION DIRECTLY	BRAL Vescular Recipent 3 Days
RESER' GINK. : please w	ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	OSCLERATIC CZHOIOVAS CHLAR DIS OVER 14 YRS
MARGIN UNFADIN Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH	TES MELLITUS  OPERATION   IF OPERATION WAS RELATED TO   20. AUTOPSY?
н.	WAS PERFORMED	PART I OR PART II YES NO
LY, WITH important.	21a. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or cobidg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) 1NJURY OCCUR?
VLY, imp	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?

NTRY?

WHILE AT

24C NAME

\_, 19**23**, to\_ 12 - 2 2 , 1993, that I last saw the 22. I hereby certify that I attended the deceased from 12 - 20 12-81, 1923, and that death occurred att: 07 Am., from the causes and on the date stated above. deceased alive on. 238. ADDRESS 23A. SIGNATURE

23c. DATE SIGNED 12-22-5

24A. BURIAY, CREMA-TION REMOVAL (Specify)

240 LOGATION (City, town, or county)

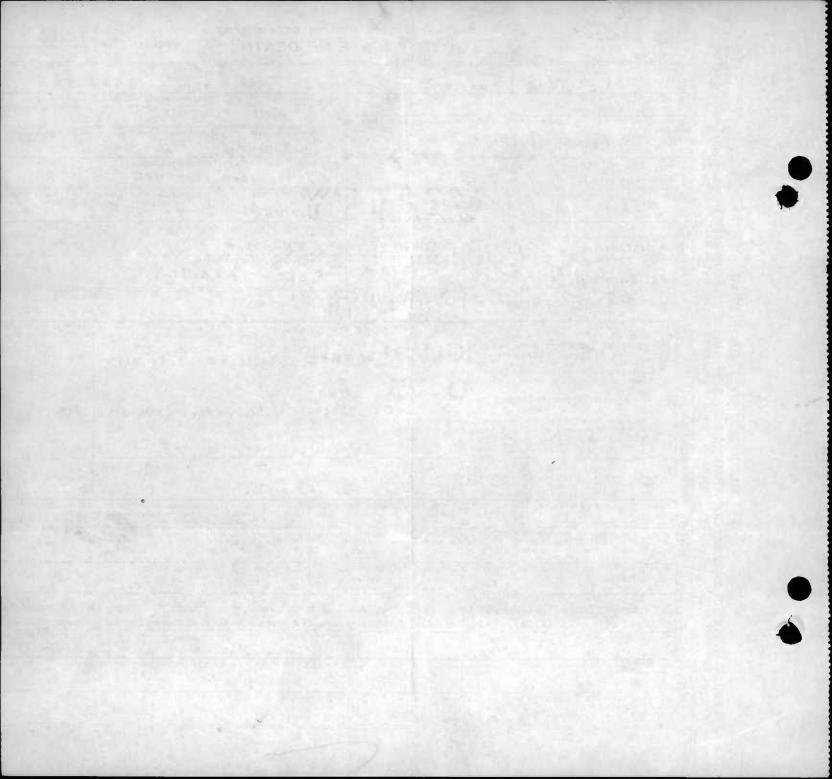
DATE RECEIVED BY LOCAL REGISTRAR

age

23-1953

25. FUNERAL DIRECTOR

ADDRESS



DEATH C 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months Days | Hours | Min. 9. AGE (In years ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS TOHNS HOPKINS HOSPITAL INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO ENTER IN 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give 21F. HOW DID INJURY OCCUR? , 1953, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) (State) correct ADDRESS LOCAL REGISTRAR 1 levelenghour LOCATRE X100 K VS 150

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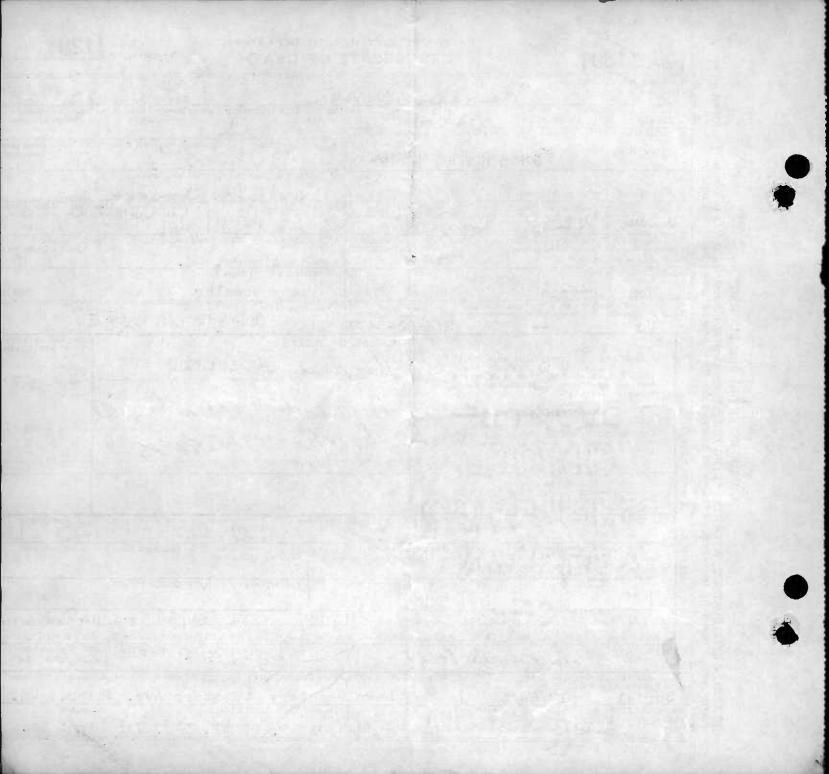
VS 150

PLEASE

WHAT COUNTRY? ADDRESS JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? . 1953 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED HOPKINS HOSPITAL 24D. LOCATION (City, town, or county) Eastern Ave. Balto. F. DENNY. INC. 715 Light St.

before admission)

12. CITIZEN OF

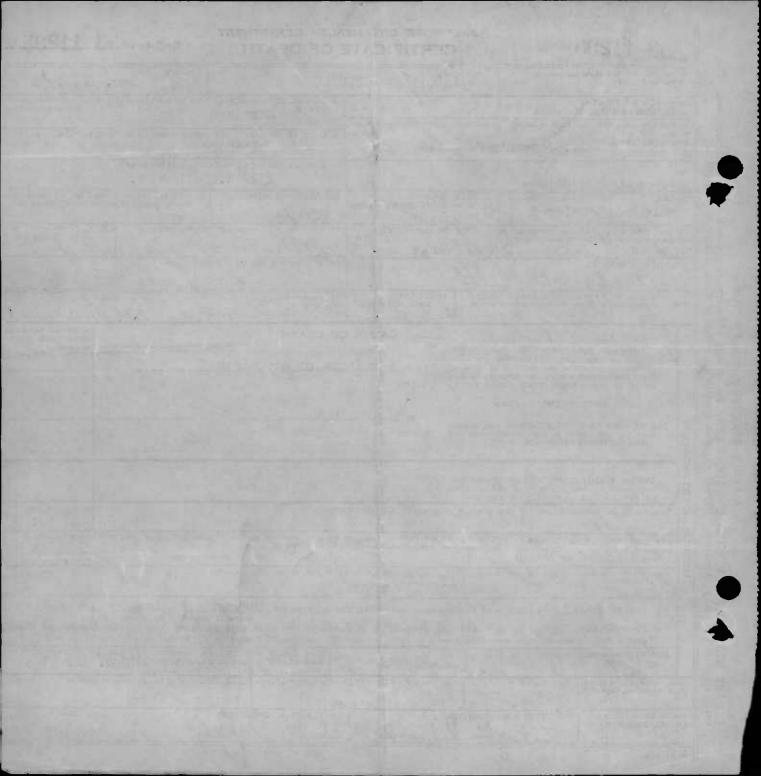


BINDING

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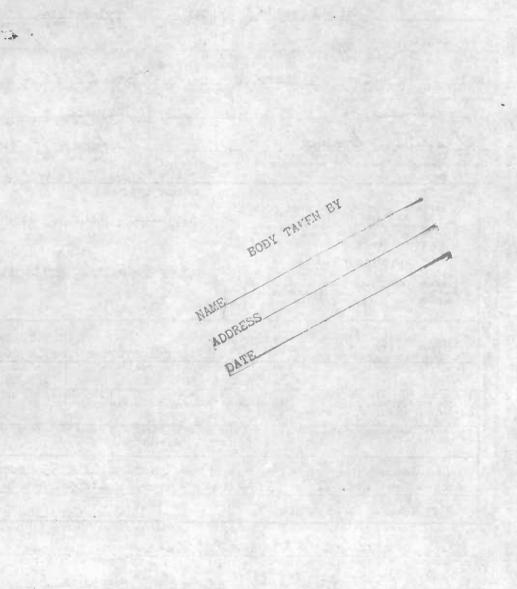
Dec. 22, 1953 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) o. STREET ADDRESS (If rural, give location 1322 N. Dallas St. 9. AGE (in years If Under I Year If Under 24 Hours last binthday) Months; Days Hours Min. 12. CITIZEN OF WHAT COU ADDRESS ONSET AND DEATH 20. AUTOPSY'? (If in Baltimore City, give exact location) 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses \( \overline{\mathbb{Z}} \), accident \( \overline{\mathbb{L}} \), suicide \( \overline{\mathbb{L}} \), homicide \( \overline{\mathbb{L}} \), undetermined \( \overline{\mathbb{L}} \). 23B. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED Dec. 22, 1953 240. LOCATION (City town, or cour DDRESS



	9	BALTIMORE CITY HE		m a . maked	11296	
The	ВІ	CERTIFICATE	OF DEAT			
	1. (T	NAME OF DECEASED  ype or Print)  DeVoe, Charles		2. DATE OF	ber 22. 1953	
oliec		PLACE OF DEATH:		ENCE (Where deceased lived, If ins	stitution : residence	
Idn		Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	Maryland	B. COUNTY	before admission)	
ly s	H	OSPITAL OR location)	C. CITY OR TOW	(If outside corporate limits,	write RURAL and give township)	
ful ly.	4	St. Joseph's Hospital	Pylesville D. STREET ADDRESS (If rural, give location)			
care		Yrs. Mos.	D. STREET ADDR	ESS (If rural, give location)	0.0	
be of	-	Length of stay in Baltimore	8. DATE OF BIRT		das 1 Year   It Under 24 Hours	
should be carefully supplied.	- annufac	ale White Married (Specify)	May 27	1876 76 7	hs Days Hours Min.	
NDING information should so of death clearly a		A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR INDUSTRY	Maryland	(State or foreign country)	2. CITIZEN OF WHAT COUNTRY?	
th c	13	FATHER'S NAME	14. MOTHER'S M.	AIDEN NAME		
NG rm dea		Trafton Devoe	Kebecca	Thompson		
BINDING of inform uses of dea	15 (Ye	was defeased ever in U.S. armed forces? 16. SOCIAL n, no or unitarium) (If yos, give war or dates of service) SECURITY NO.	17. INFORMANT	an PADE	PRESS	
of of ise		70	Mrs Is	ue E. Devos. Vyl	INTERVAL BETWEEN	
		18. 541.1 CAUSE CAUSE	OF DEATH		ONSET AND	
FOR y iten			ated duoden	al ulcer with		
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
IRV WI		ANTECEDENT CAUSES				
RESERVED INK. Even please write	NO O	DISEASES OR CONDITIONS, IF ANY, GIVING	abdominal pe	eritonitis	***	
RI Ple	F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
MARGIN UNFADING Physicians:	CA	(C)				
MARGIN UNFADINO Physicians:	TIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ur	inary retention		
M.A.	CERTI	THE THE DESCRIPTION OF THE PARTY OF THE PART	hydronephr	osis due to chronic		
₩.	AL C	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OF WAS PERFORMED	PERATION	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	YES NO	
LY, WITH important.	EDIC,	21a. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE OF INJURY ( OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		RE DID (If in Baltimore City, groccur?	ive exact location)	
	Σ	21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRI OF INJURY   WHILE AT   NOT WHI		DID INJURY OCCUR?		
PLAIN ecially		m.   WORK AT WOR	ĸ L l	do = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
9		22. I hereby certify that I attended the deceased from Dec	cember 21, 19_	53tdlecember 22, 19 53	that I last saw the	
ITE esp		deceased alive on Dec. 22, 19 53, and that death occur	238. ADDRESS	i., from the causes and on the	23c. DATE SIGNED	
PLEASE WRITE correct age is est		or from the Row M.D.			Dec. 22,1953	
五路	2. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATOR	24D. LOCATION (City, town, or		
EAS		Burial 12/26/53 AT Mare	10	Vylesvelle	ADDRESS	
PL.]	7.0	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DI	& Rut 1	ATTE 10	

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ADDRESS Advettsville

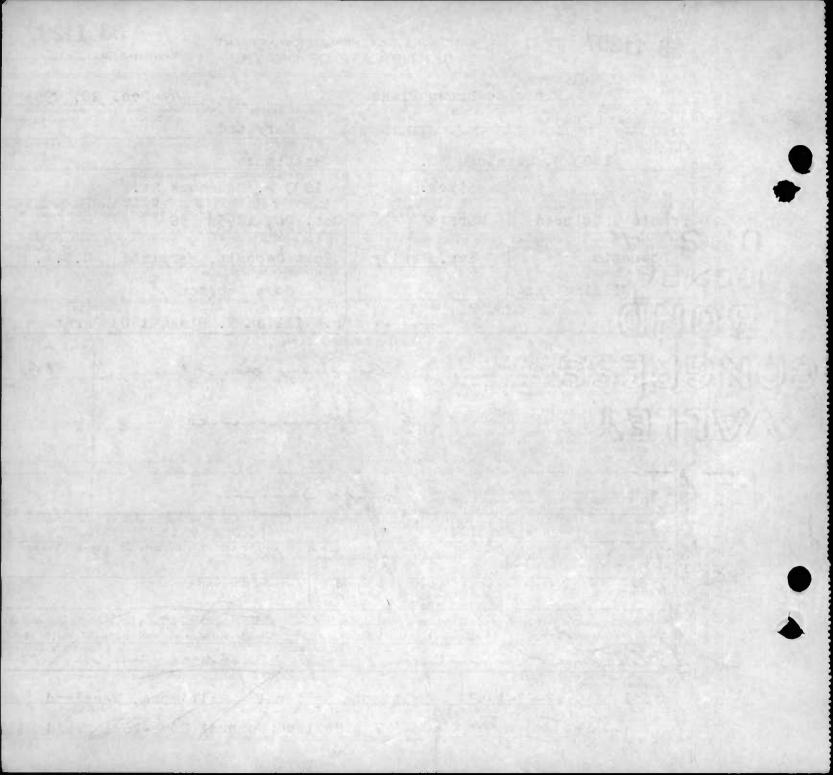


<	13-42-0 53 11297
l	BIRTH NO.
	1. NAME OF DECEASED (Type or Print)

## BALTIMORE CITY HEALTH DEPARTMENT

53 1	12	9	7
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The		RTH NO.			CERTIFICATI	E OF DEA	TH	Registered 1	No.	
	1.	NAME OF D		ice Br	own Blake		, all just	oF DEATH DEC.	20, 1953	
should be carefully supplied. early and legibly.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of					A. STATE	IDENCE (W	here deceased lived. If	institution: residence before admission	
ully sı	HC	SPITAL OR	1803 W. Sar		location)	c. CITY OR TO	WN (If	outside corporate limit	ts, write RURAL and gi townshi	
caref	С.		tay in Baltimore		Yrs. Mos. Days	D. STREET ADI	D. STREET ADDRESS (If rural, give location)  1803 W. Saratoga St.			
and be		sex emale	6. COLOR OR RACE	7. SINGLE	E, MARRIED. (FD, DIVORCED (Specify)	oct. 24,		9. AGE (In years last birthday) Mo	If Under 1 Year H Under 24 Hou onths Days Hours Mir	
n shou	10. work	done during most	CUPATION (Give kind of of working life, even if retired)		o of business or industry	11. BIRTHPLAC		reign country) Maryland	12. CITIZEN OF WHAT COUNTRY	
NDING information s of death cle	13	FATHER'S N	NAME 11iam Brown			14. MOTHER'S		ME		
BINDING of inform	15 (Yes	. WAS DECEAS.	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMAN			DDRESS Saratoga	
FOR BIN item of i		18. 42 DISEAS	SE OR CONDITION			OF DEATH		1	INTERVAL BETWEE	
2		heart failu	LEADING TO DEAT s not mean the mode of tre, asthenia, etc. It mean complication which complication	f dying, e. g ns the diseas	e,	onary	Hear	x) mean	7 day	
	z		ANTECEDENT CAUS		(0)	Luise	levos	÷	?	
IN RESEINING INK.	ICATION	RISE TO T	S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH						
MARGIN H UNFADING Physicians: p	ERTIFIC	TO THE	il SNIFICANT CONDITIONS DEATH BUT NOT FOR CONDITION CAUSING	RELATED TO		perten	نم		3	
н.	AL C		F OPERATION 1	9B. CONDI /AS PERFO			PART I O	TION WAS RELATED TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTA	IN YES NO	
0	MEDIC	OR CONTRI	ENT WAS UNDERLYI BUTING CAUSE OF TIFY MEDICAL EXAMINE	about	. PLACE OF INJURY (home, farm, factory, street, office	e.g., in or 21C. WI bldg., etc.) INJURY	HERE DID (	If in Baltimore City	, give exact location)	
		OF INJURY	(Month) (Day) (Year)	m.	21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WOR	LE .		URY OCCUR?		
ITE PLAIN		22. I hereb decegsçd a	y certify that I att live on 12-20	ended the	deceased from	2-18 19 19 rred at 300 P	m., from t)	he causes and on t	3, that I last saw t he date stated abor	
WRI's	2	234,816NA	TURE	mus	M. D. 2 24c. NAME OF CEMETE	2309 )	mil 1	Scation (City, town	23c. DATE SIGNE	
PLEASE correct ag	TIC	N. REMOVAL (S Burial ATE RECEIVE	12-23-	1953	Baltimore		1 Ba	ltimore, N		
PL		DEC 23	TRAR Hontin	gton	/E / # # A E # .	A S		1 Home-163	Bl Druid Hi	
		VS 150			The state of the s	A CAL			Tr v	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO The 1. NAME OF DECEASED 2. DATE (Type or Print) TNEZ **JEFFERSON** December 20 DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION carefully Baltimore Provident Hospital legibly. Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore 1423 Druid Hill Avenue SINGLE MARRIED. WIDOWED DIVORCED (Specify 9. AGE (in years | 1 Under | Year | 1 Under 24 Hours | Index 24 Hours | 1 Under 24 Hours 6. COLOR OR RACE 7. SINGLE. 8. (DATE OF BIRTH be and Colored information should s of death clearly ar Female 10A. USUAL OCCUPATION (Give kind of work done of ring most of working life, even if retired) 108 KIND OF BUSINESS OR 11. BIRTHPL ACE State or foreign country 12. CITIZEN OF INDUSTRY WHAT COUNTRY? aures 13. FATHER'S NAME MAIDEN NAM BINDING 15. WAS DECEASED EVER IN U. S. ARMED / (Yes, no or unknown) (If(yes, give war or dates of a SOCIAL CES? (Yes, no or unknown) SECURITY NO causes of INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH ery item FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Drowning heart failure, asthenia, etc. It means the disease, RESERVED write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) .. MARGIN U RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. til U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION WITH important. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB-INJURY OCCUR? EDI UTING IT CAUSE OF DEATH. Druid Hill Park Resevoir Resevoir AINLY 21F, HOW DID INJURY OCCUR? Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Dec. 20, NOT WHILE AT WORK Drowning - Jumped into resevoir TE PLAIN especially 11:00 Am. WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry WRITE the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, 23A, SIGNATURE 23B. CHIEF MEDICAL EXAMINER .. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR age PLEASE TION REMOVAL (Specify 24C. NAME OF SEM 24B DATE a DATE RECEIVED BY REGISTRAR'S LOCALAREGISTRAR

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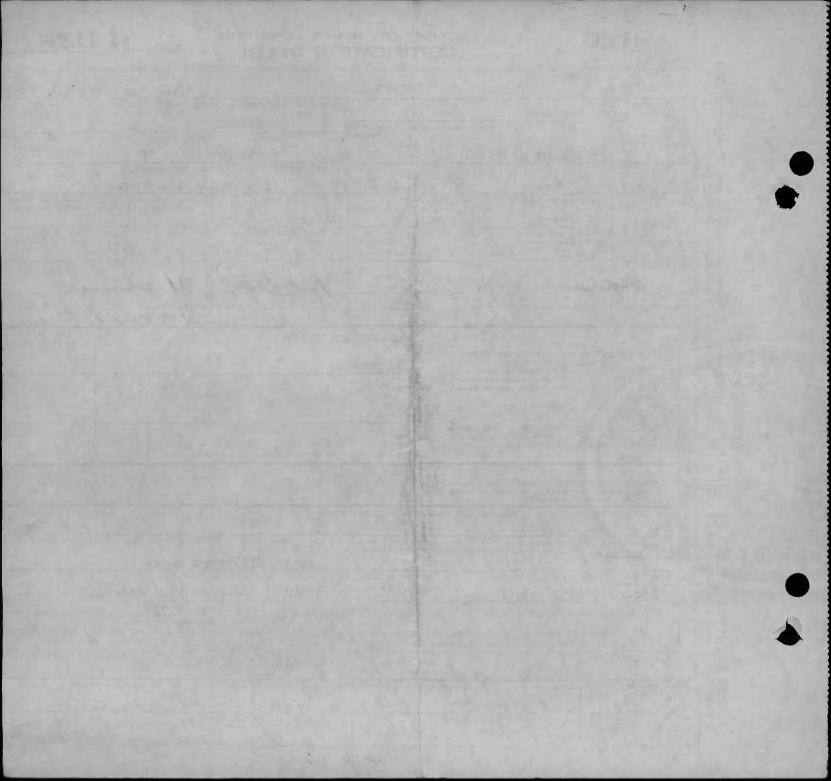
and death in my opinion resulted from: natural causes [ ], aecident [ ], suicide [ ], homicide [ ], undetermined [ ]. 23c. DATE SIGNED Dec. 21 (State) js

before admission)

20. AUTOPSY

YES X

township)

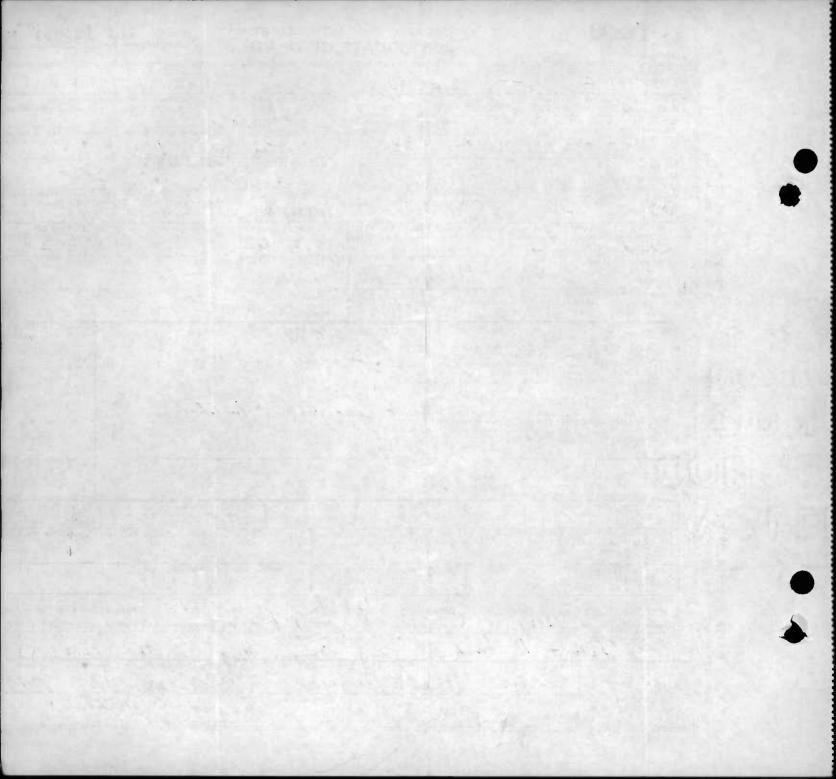


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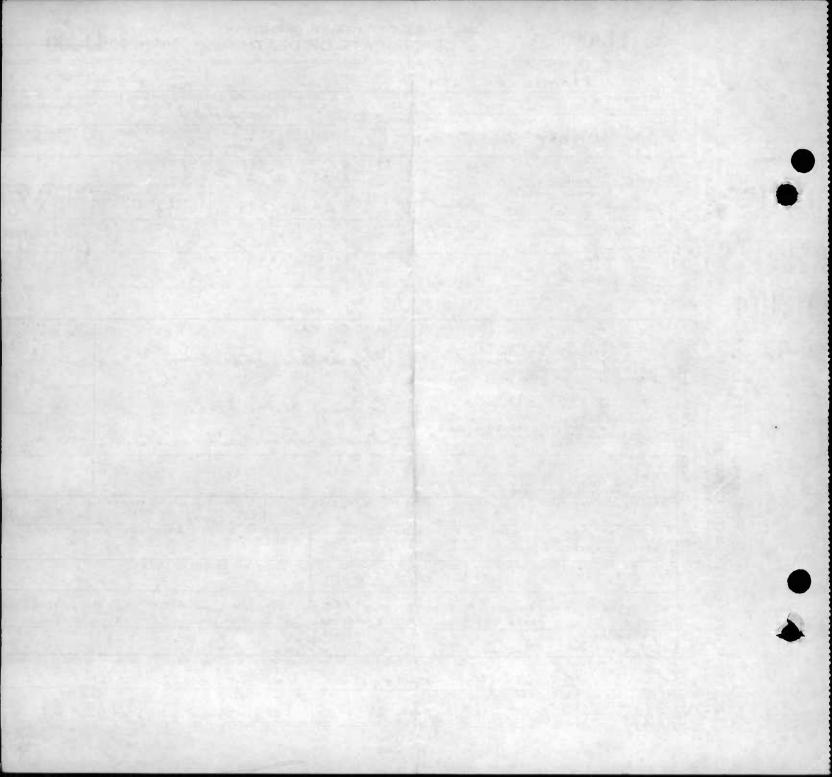
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53, 11299 Registered No. 11299

BIRTH NO.						Registered .	NO.	
1.	1. NAME OF DECEASED (Type or Print) LEO OTTENHEMER						2. DATE OF DEATH / 2	121153
A.		EATH: City, Maryland -			4. U		(Where deceased lived, If	institution : residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospital)			tion) C. CI	TY OR TOWN.	If outside corporate limi	ts, write RURAL and g
c.	c. Length of stay in Baltimore life Yrs. Days					REET ADDRESS (	If rural, give location)  de agt	apt 60
	SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (S	8. DA	TE OF BIRTH 26/89	9. AGE (In years last birthday) M	H Jinder 1 Year M Under 24 He onths Days Hours M
10 Forl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10в. КІМ	OF BUSINESS O		Baltingie	foreign country)	12. CITIZEN OF WHAT COUNTS
13	FATHER'S					OTHER'S MAIDEN	NAME	
1.5	WAS DESEASE			tenheimer		ra Elliot		
(Ye	s, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY		Kaufman 0	ttenheimer-	708 Howard
ERTIFICATION	DISEASES RISE TO TI UNDERLY OTHER SIG TO THE	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS ON CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA III NIFICANT CONDITIONS DEATH BUT NOT F CONDITION CAUSING	eaused death SES F ANY, GIVIN STATING TI ST.  CONTRIBLE RELATED TO	(B)	y de la companya de l	in by	Thor	
AL C	19A. DATE O	F OPERATION 11	9B. CONDI VAS PERFC			CAUSE	RATION WAS RELATED OF OEATH, ENTER	IN YES NO NO
EDIC	OR CONTRIB	ENT WAS UNDERLY! BUTING CAUSE OF IFY MEDICAL EXAMINE	about	3. PLACE OF INJU home, farm, factory, stree	RY (e. g., ln e t, office bldg., etc	21c. WHERE DIE	(If in Baltimore City	, give exact location)
2	210. TIME ( OF INJURY	Month) (Day) (Year)	(Hour) m.	21E. INJURY OCC WHILE AT NO WORK A	URRED T WHILE	21f. HOW DID 1	NJURY OCCUR?	
		y certify that I att live on 11/21 fure	-	dcceased from and that death	23B. AT		17/21, 19 the causes and on 1	that I last saw the date stated abo 23c. DATE SIGNI
TI	4A. BURIAL. (S ON REMOVAL (S DUTIAL	12-23-		Balts 6	Lebres	03	LOGATION (City, town	Ry m
02-1	ATE RECEIVED OCAL REGIST OF 231	D BY REGISTRAR	S SIGNATI	Mayur, M	Dav	id R. Mart	vid K. M	arling the place
	VS 150	0			290	4m		



The	BIRTH NO.	TE OF DEATH Registered No. 1300
ed.	1. NAME OF DECEASED (Type or Print) Mamie A. Koch	2. DATE OF DEATH 12-22-53
ilqqu	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address of the control of th	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
carefully supplied.	HOSPITAL OR INSTITUTION MERCY HOSPITAL location	
ld be careful and legibly.	c. Length of stay in Baltimore  77 Yrs.  Mos.  Days	250 15 acts 20t-
ald be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In years last birthday) 2 - 12 - 18 7 4  9. AGE (In years last birthday) Months Days Hours Min.
NDING information should s of death clearly an	10A, USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
IG matio	Barnuel C. Vance	14. MOTHER'S MAUDEN NAME
R BINDING em of inform causes of de	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the ca	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e, g., heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	of DEATH  cearled inference 26 has  Therefore 26 has  in zelestie culinosula di orur Ayra
level .	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	DPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II
ILY, WITH important.	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or cebidg.,etc.) (If in Baltimore City, give exact location)
PLAINLY,	ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY m. WHILE AT NOT WI WORK AT WO	HILE
RITE is espe	22. I hereby certify that I attended the deceased from deceased alive on 12-22, 19.53, and that death occ	12-21, 1953 to 2-22, 1953, that I last saw th surred at 5:30 fm., from the causes and on the date stated above 23B. ADDRESS 23C. DATE SIGNED 12-22-53
		Park Cemetry, Bellinge (State)
PLEASE correct a	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS WWW Cork She- 12/7 St Paul St
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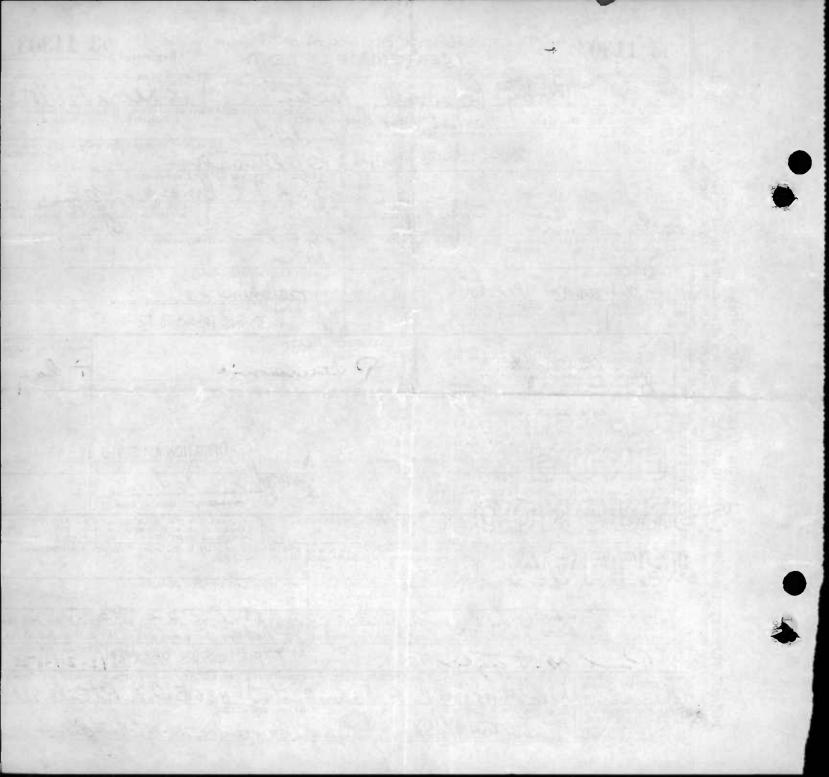
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<u>.</u>		53 11	301		CERT'IFICAT	E OF DEATH	H	Registered N	3 11301
The	BI	NAME OF D							
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supplied.	Α.		City, Maryland	Baltin	nore	A. STATE	<b>₽</b> B.	eased lived. If	institution: residence before admission)
sa	H	FULL NAME OSPITAL OR	OF (If not in hosp	ital or institutio	n, give street address or location)	c. CITY OR TOWN	any Cu	e limit	a mark - That the Trans - 2 - 2 - 2 - 2
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ar	5.	SEX	6. COLOR OR RACI	7. SINGLE	MARRIED, D, DIVORCED (Specify)	B. DATE OF BIRTH			Under 1 Year   If Under 24 Hours   Min.
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snou	worl	doos duriog most	CUPATION (Give kinds) of working life, even if retires	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign co	untry)	12. CITIZEN OF WHAT COUNTRY?
c c	-		newife			1 Salto.	•		
death	13	FATHER'S	DAME 2007	0.		14. MOTHER'S MAI	IDEN NAME	?	
	1.5	Joseph	c / coro	wske		Eva	Stein	,	
of E	(Y)	, oo or noknown)	ED EVER IN U. S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1 . 0	A	DDRESS
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very		heart failu	not mean the mode re, asthenia, etc. It me	ans the discase.	(A)	in a	uday		
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	7	injury or complication which caused death.)  ANTECEDENT CAUSES  (B) HACVD							
please	TION	DISEASES	OR CONDITIONS,	IF ANY, GIVING			***************************************	• • • • • • • • • • • • • • • • • • • •	*******
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Sici	RTIFI	OTHER S	II IGNIFICANT CONE	ITIONS CON-					
h	Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATED					
	O				FINDINGS OF OPER	ATION			20. AUTOPSY?
ant.	DICAL		0						YES NO
mportant.	EDIC	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER-		E OF INJURY (e. g., ic m,factory,street,office hldg.,		ID (If in Bal	timore City, g	give exact location)
i i	Σ	21D. TIME	Month) (Day) (Yea:	r) (Hour)   21	IE. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCU	R?	
_4		OF INJURY			NOT WHILE				
cia		22 I barah	as contifes that I am		eceased from 192	1/1 1013	1000	4/ 100	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12		deceased al	ive on 10- 1	19 (7)	nd that death occur	red at O h m	from the case	es and on th	that I last saw the he date stated above.
0.		23A. SIGNAT		, 10 3 . 0.	2	3B. ADDRESS	Tronc ince cans	- The contract of the contract	23C. DATE SIGNED
e v		0	nay ma	Pleans	м. р.	Jud. Que	veral Ho	Soiler.	Dec 21 '53
age	24 TIC	A. BURIAL. ON, REMOVAL (S	Pecify,	13	C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATIO	N City, town,	or county) (State)
rrect a			Dein	-1153	Holy Ked	cener	Sall	imre	ma
correct		CAL REGIST		'S SIGNATUR	5'11 · // A#	25. FUNERAL DIRE	CTOR ()	. /	ADDRESS //
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MARGIN RESERVED FOR BINDING	UNFADING	Physicians:
	Y, WITH	correct age is grially apportant. Physicians: please write the causes of death clearly and
	TE PLAI	ccially
	E WRIT	age is
	PLEASI	correct ;

	2	5	25							to ea		
	ВІ	BALTIMORE CITY HE CERTIFICATE CERTIFICATE										02
	1. NAME OF DECEASED (Type or Print)  Catherine E Langman						2. DATE OF DEC 22 1953					
	3. PLACE OF DEATH: A. Baltimore City, Maryland 2124 R. Fayette St  B. FULL NAME OF (If not in hospital or institution, give street address or						4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)  Marvland					
	HOSPITAL OR location)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give  Baltimore					
PIUL	c. Length of stay in Baltimore  Life Yrs. Mos. Days						D. STREET ADDRESS (If rural, give location)  2124 E. Fayette St					
eath clearly and	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  Female White Divorced											ll Under 24 Hours Hours Min.
	10 worl	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife					II. BIRTHPLACE (St	tate or fore	ign country)		12. CITIZE WHAT	N OF COUNTRY?
	13	FATHER'S N.	AME	Baltimore Md  14. MOTHER'S MAIDEN NAME  Wote P. Lesse								
3 OF C	15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yee, no or unknown) (If yes, give war or dates of service)				CES? 16. SOCIAL SECURITY NO.		Kate E.Lesse 17. INFORMANT John A.Langman 4304 Ri			ADDRESS		
viais airpoteans. Laysteans, picase with one of	MEDICAL CERTIFICATION	(This does heart failur injury or DISEASES RISE TO THUNDERLY OTHER SI TRIBUTING TO THE DI 19A. DATE OH HOMICIDE 21A. ACCIDEI HOMICIDE 21D. TIME (I OF INJURY	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which  ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L  II GNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION FOPERATION ONT, SUICIDE, (Specify)  Month) (Day) (Year	TH of dying, e. g ans the disease caused death.  SES IF ANY, GIVIN STATING TH AST.  ITIONS CDN NOT RELATE CAUSING IT 9B. MAJOR  21B. PLA about home, fe	GE DUE TO  (B)	OPER.  (o. g., in boldg., or boldg., or bullet white work	21c. WHERE DI INJURY OCCUR	VS'ON LEROS, J	S GENE HAGE in Baltimore	City, g	5 y	
מין הפני מים מים	TIC	deceased ali 23A. SIGNAT  LA. BURIAL, C. IN. REMOVAL (Sp. Burial  ATE RECEIVED  CAL REGISTR  VS 150	REMA- 248. DATE ecify)  BY   REGISTRAR	1953 2 1953	ind that death  indicate the second s	occur D. 2:		from the	causes and Live Cation (City salto M	d on th	e date sta 23c. DAT /2/2 or county)  ADDRESS	E SIGNED

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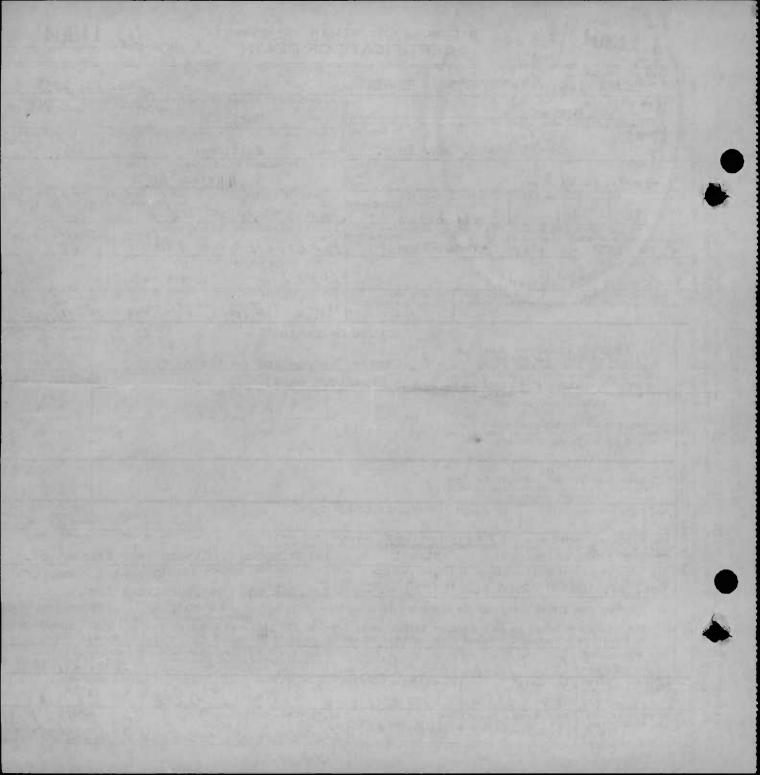
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PLEASE

BINDING

FOR

RESERVED



before admission)

WHAT COUNTRY?

20. AUTOPS

23c. DATE SIGNED

YES

Dr. Fred. Vollmer 6100 York Road 3/1 & Gillings

THE RESERVE THE PROPERTY OF THE PARTY.

53 11306

If Under 1 Year

12. CITIZEN OF

215

WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

ADDRESS

before admission)

BINDING RESERVED MARGIN

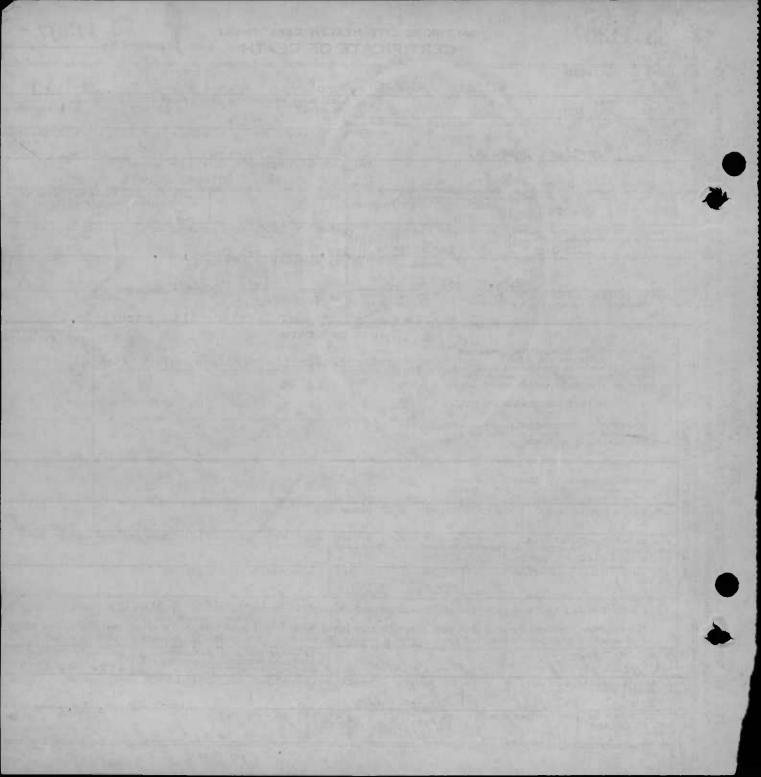
12-21 18 12-2 The state of the Color of the state of the s The same of the sa

53 11307 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO The 1. NAME OF DECEASED 2. DATE (Type or Print) OF WILLIAM MANOPY anokey) DEATH Dec. 22, 1953

4. USUAL RESIDENCE (Where deceased lived. If institution: residence Manokev supplied. 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Provident Hospital Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos. 1212 Whatcoat Street c. Length of stay in Baltimore Days 6 COLOR OF RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours; Min. WIDOWED, DIVORCED (Specify) Colored Male should bearly and 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF clearly work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? lumber Church Creek information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chas. Manokev Jennie Cornish 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknowo) SECURITY NO. No Sara Parker 1212 Whatcoat causes jo INTERVAL BETWEEN CAUSE OF DEATH 422.1 Every item write the cau ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш Ü 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO. A WITH important. CA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ā UTING [ CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! PLAR AT WORK WORK 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, PLEASE WRF 23c. DATE SIGNED SIGNATURE 23B, CHIEF MEDICAL EXAMINER .... ASSISTANT MEDICAL EXAMINER .... 22. MEDICAL INVESTIGATOR 24A. B. RIAL, OREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) 24B DATE ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR 151

BINDING

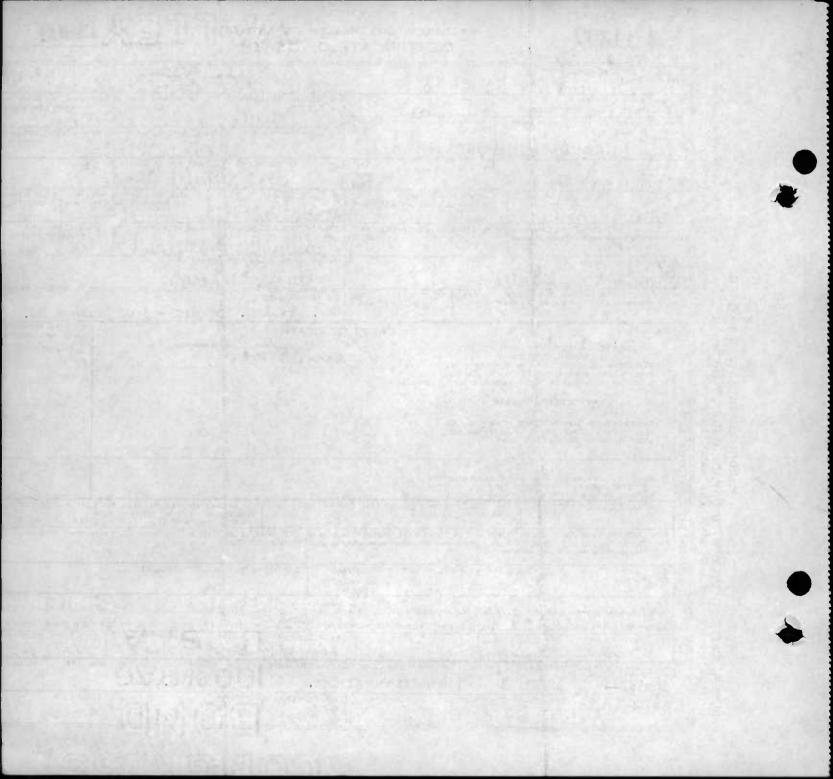
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	7	1-400 BALTIMORE	CITY HE	ALTH DEPARTMENT	50	44000
The	ВІ	THE NO. CERT	IFICATE	OF DEATH	Registered No.	11398
carefully supplied.		NAME OF DECEASED Attlie H. A	111		2. DATE OF DEATH	1/53
	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give st.	reet address or	A. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	Kution: residence before admission)
	H	OSPITAL OR Provident Hospital	location)	C. CITTOR TOWN (III	outside corporate limits, w	rite RURAL and give township)
	C.	Length of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS IN M	ural, give location) Cou	ut
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BINDIN of infor	1E (Ye	was deceased ey R In U. S. Asmed Forces? 16. SOC 5. no or unknown) 16. SEC	IAL URITY NO.	17. INFORMANT	ADD	RESS
PLAINLY, WITH UNFADING INK. Every item of occially important. Physicians: please write the causes	MEDICAL CERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE CONDITION GOVERNMENT CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  210. TIME (Month) (Day) (Year) (Hour) WHILE AT WORK CAUSE OF CONDITION CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  22. I hereby certify that I attended the deceased deceased alive on 12 1, 19 3, and that 23A. SIGNATURE	TO  TO  TO  TO  TO  TO  TO  TO  TO  TO	CAUSE OF PART 10 PART	$\frac{12-21}{19}$ , $\frac{19}{3}$ the causes and on the causes $\frac{1}{2}$	hat I last saw the date stated above. 3c. DATE SIGNED
PLEASE WRITE	D	on, Removal (Specify)  ATE RECEIVED BY REGISTRAL'S SIGNATURE	Ruby	25. FUNERAL DIRECTOR	eta., md.	DDRESS
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	0		EALTH DEPARTMENT	53 1 Registered No.	1309
The	ВІ	RTH NO. 63-31615 CERTIFICAT	E OF DEATH	Registered No.	
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upplic	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	ere deceased lived. If instit	ution: residence before admission)
carefully supplied.	MIC	SSPITAL OR STITUTION DOCATION MANUAL MANUAL		tside corporate limits, wri	te RURAL and give township)
	4	Yrs. Mos. Days	D. STREET ADDRESS (If rui	ral, give io ation)	
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of		IS. 77/	Mr. Frank E. Rodg		NTERVAL BETWEEN
y item the cau		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	ewaturity		35"
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VRITE is es		deceased alive on 22, 1953, and that death occur	238. ADDRESS		BC. DATE SIGNED
PLEASE WRITE correct age is esp	2. TI	4A. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMET. ON, REMOVAL (Specify) Burial 12/23/53 New Cathedral	ERY OR CREMATORY 240. LOC	CATION (City, town, or calto, Md.	ounty) (State)
PLEA		ATE RECEIVED BY COAL REGISTRAR'S SIGNATURE.	28 FUNERAL DIRECTOR		DRESS
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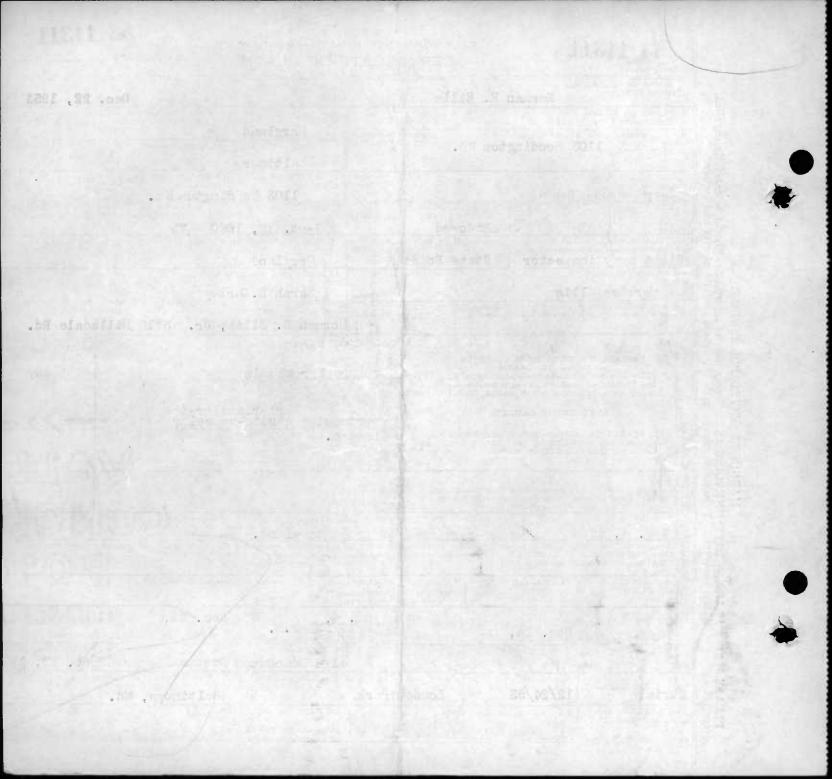
Registered No. OF 12 -21-53 2. DATE 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give 9. AGE (In years I lader I Year last birthday) Months Days Hours Min. 12, CITIZEN OF WHAT COUNTRY? B. C. H. Becords, 4940 Eastern Ave. INTERVAL BETWEEN ONSET AND DEATH days CERTIFICATION APPROVED BY IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF OEATH, ENTER IN 820 N. PITIETSON Fell down cellar 23c. DATE SIGNED 2-21-53 Ralto

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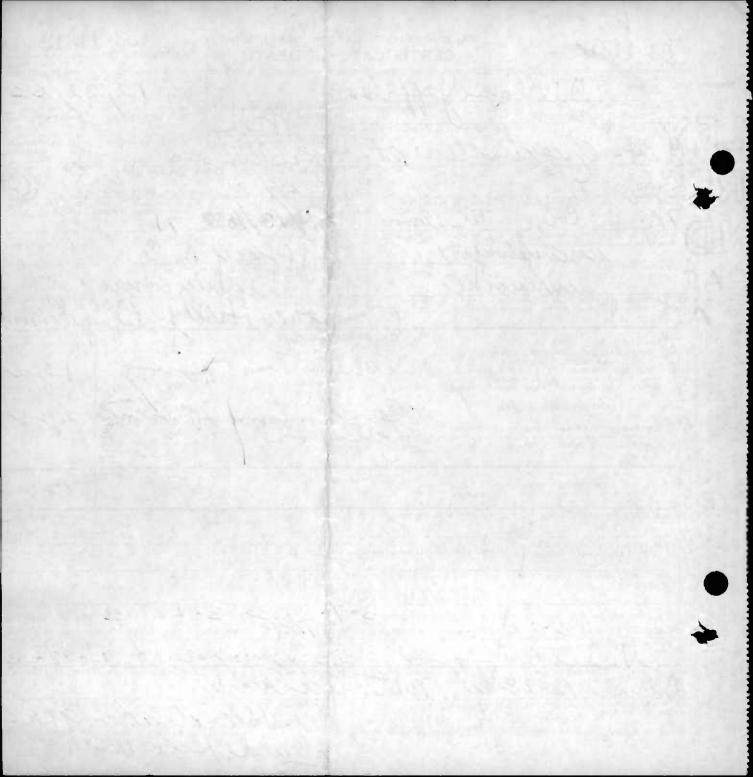
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work	done during most of	CUPATION (Givekind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIR	THPLACE (State		y) 12	WHAT	EN OF COUNTR'
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15. (Yes	Lawrenc . WAS DECEASE , no or unknown)	D EVER IN U.S. ARMED	FORCES?	16, SOCIAL SECURITY NO.	17. IN	arah E. Cur FORMANT In R. Ellis		ADD	RESS	
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	22. I hereby certify that I attended the deceased from 12/19/53 P.M. 19 53 to Dec. 22, 1953 to deceased glipe on Dec. 14, 1953, and that death occurred at m., from the eauses and on the deceased glipe on Dec. 14, 1953.						date st	ated abou		
24	23A SIGNA	TURE A. CAR DATE	mo	M. D.	4116	Edmondson			Dec.	
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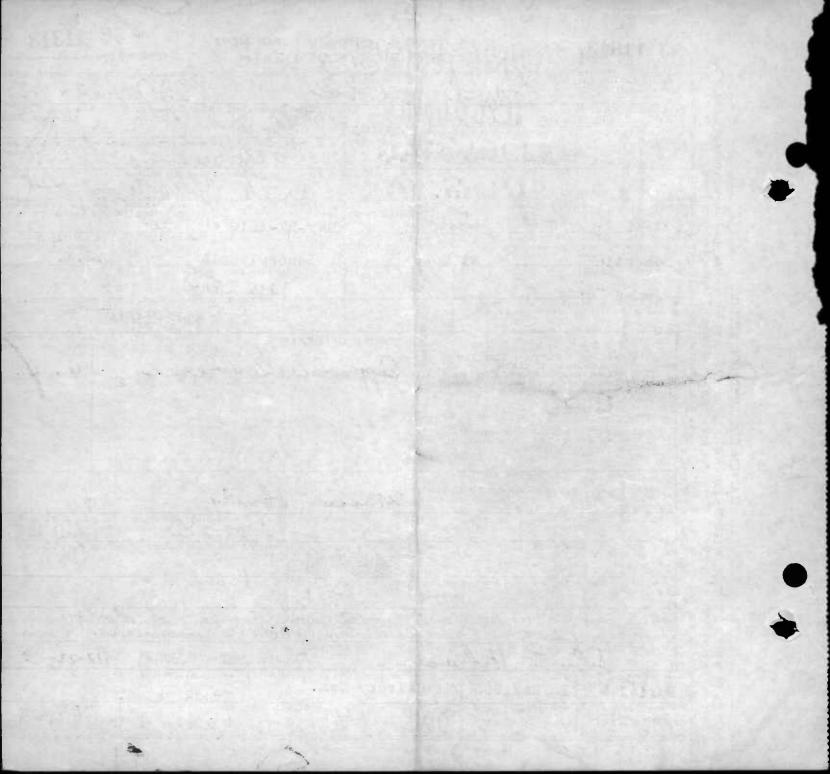
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Registered No. 11312 DEATH 4. USUAL RESIDENCE (Where deceased lived, I institution : residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give o. STREET ADDRESS (Agrural, give location) If Under I Year AGE (In years) last birthday) Months; Days Hours: Min. State or foreign country. 12. CITIZEN OF WHAT COUNTRY? NSET AND DEATH 20. AUTOPSY YES (If in Baltimore City, give exact location) 1953 to 3 - 2 2, 19 53 hat I last saw the deceased alive on 3 . 2 7, 19 33 and that death occurred at 100 m., from the causes and on the date stated above. 23C. DATE SIGNED 2- 22 246. LOCATION (City, town, or county)

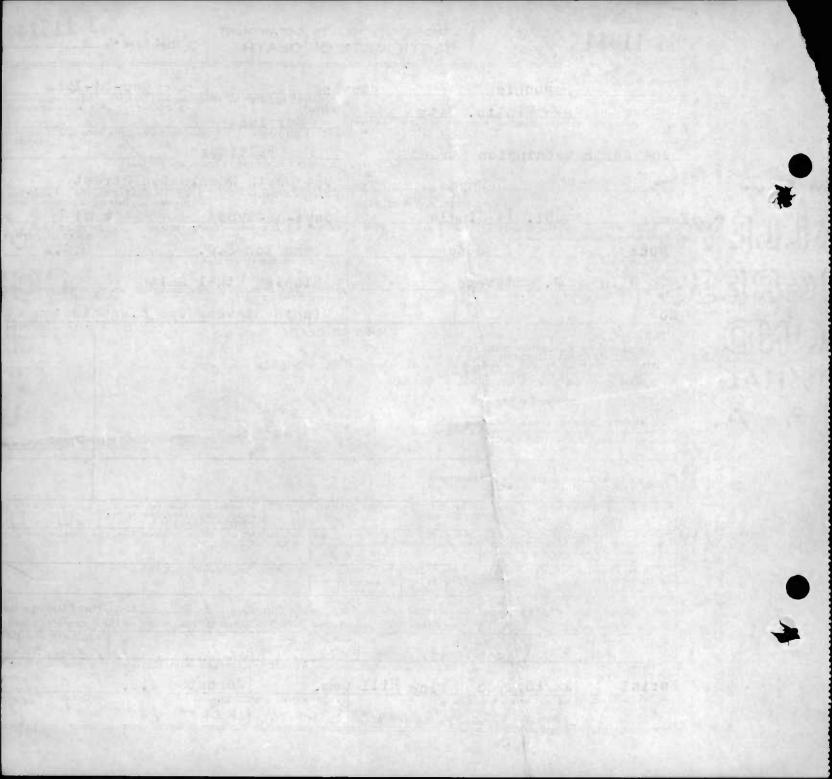


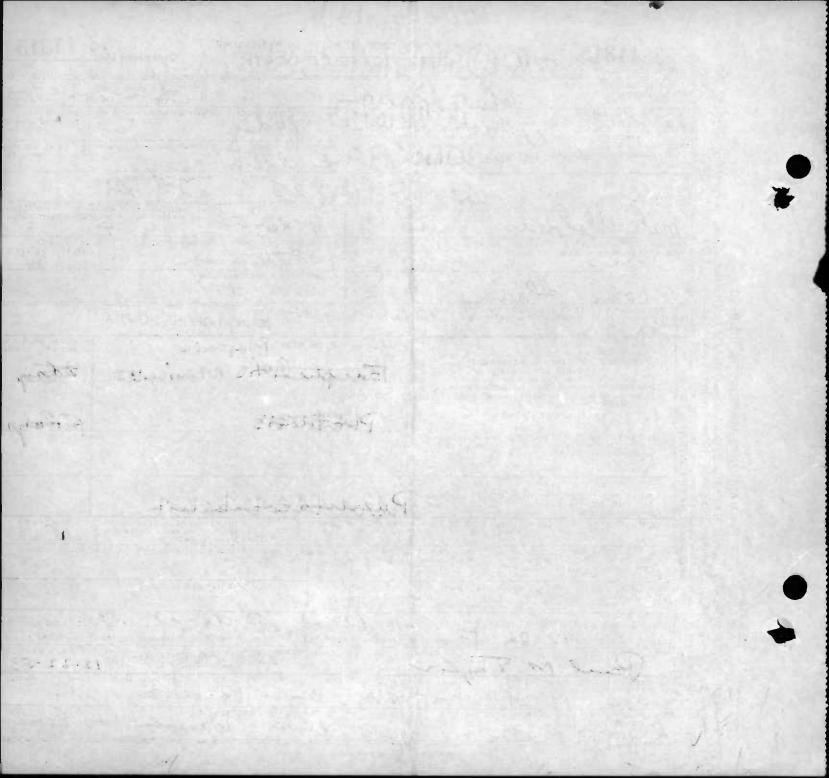
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. The BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give OR TOWN e carefully legibly. INSTITUTION JOHNS LIOPKINS HOSPITA (If raral, give location) D. STREET ADDRESS Yrs. Mos. c/Length of stay in Baltimore 35 Yrs. Days should be SEX 7. SINGLE MARRIED.
WIDDWED, DIVORCED (Specify 8. DATE OF BIRTH AGE (In years If Under 1 Year It Under 24 Hours last birthday) | Months Days | Hours | Min. 37 widow Mav - 27 - 1916information shous of death clearly OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Penneylvania Home Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella Handy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO TOHNS HOPKINS HOSPITAL causes Jo INTERVAL BETWEEN 18. Every item write the cau CAUSE OF DEATH FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY opendicial abserve LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN (C) .. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 11 TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WITH DICAL WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. 210 TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE! WORK AT WORK 19 that I last saw the 22. I hereby certify that Lattended the deceased from 12 WRITE 19 53 and that death occurred at deceased alive on 22 10 m., from the causes and on the date stated above. 23C. DATE SIGNED 23A. SIGNATURE 238. ADDRESS is JOHNS 2-22-53 HOPKINS HOSPITA age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURABI 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248 DATE PLEASE 12/26/1953 Calvery Cem. Brooklyn ADDRESS DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR



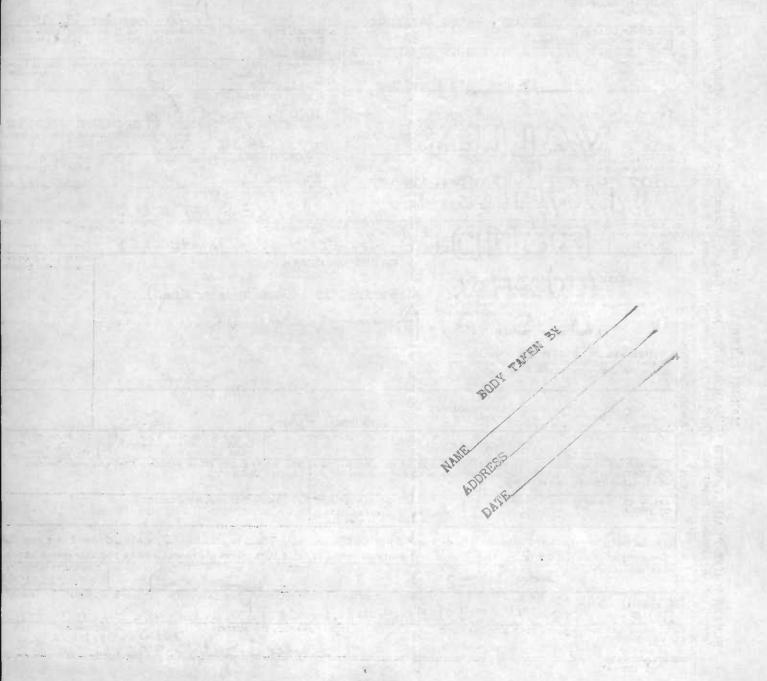
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he	53 11314 Per CERTIFICATI		TH Registered I	No. 11014
should be carefully supplied. The early and legibly.	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  954 North Washington Street  C. Length of stay in Baltimore 3 Days  5. SEX  G. COLOR OR RACE  T. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)  Single  10A. USUIAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	A. USUAL RESIDA. STATE  Maryl C. CITY OR TOW  D. STREET ADDR  954 Nort  8. DATE OF BIRT  Sept-30-	2. DATE OF DEATH DEC- DENCE (Where deceased lived. If B. COUNTY  and (If outside corporate limits altimore RESS (If rural, give location) th Washington St  FH 9. AGE (In years last birthday) M.	institution: residence before admission ts, write RURAL and give township t
tion sl	Work done during most of working life, even if retired)  None  13. FATHER'S NAME	Johnsto		U.S.A
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MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	nelofne Eituss x		ONSET AND OBAT
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RI	23A. SIGNATURE  24A. BURIAL, CREMA- TION, REMOVAL (Specify)  24B. DATE 24C. NAME OF CEMETE	F27 N. G	n., from the causes and on the SV Y 240. LOCATION (City, town Johnston S.C.	12/2/33
PLEASE W	Burial   12/23/1953   Pine Hill   DATE RECEIVED BY LOCAL REGISTRAR   DEC 23 1053   VS 150	ELWY O	RECTOR 1000	Por My

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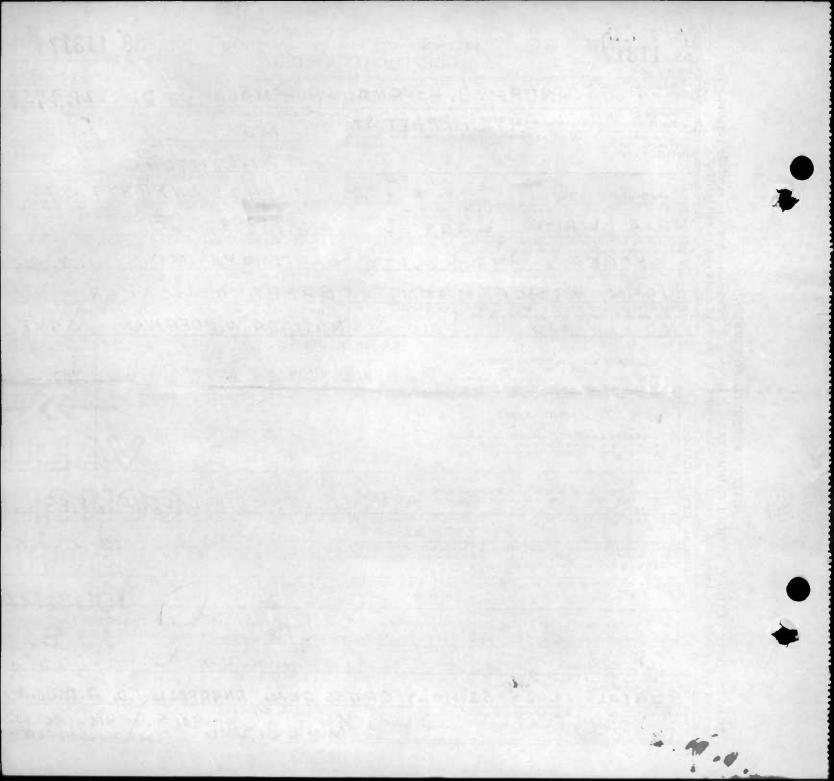


The	53	H-400 BALTIMORE CITY HI CERTIFICAT			3 11316
NDING information should be carefully supplied. To death clearly and legibly.	(T	NAME OF DECEASED (ype or Print)  Howley, James Lawrence		2. DATE OF DEATH Decembe	
	Α.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	NCE (Where deceased lived, If inst B. COUNTY	itution : residence before admission)
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e ca		Length of stay in Baltimore 45 years Days SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	1020 S. K	enwood Avenue	r 1 Year   If Under 24 Hours
ould b		Male White Widowed Divorced (Specify)	DEC. 22,19	106 last birthday) Month	Days Hours Min.
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FOR y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Mening	ritis (Germ :	undetermined)	
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
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ILY, WITH important.	EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)		E DID (If in Baltimore City, giv CCUR?	re exact iocation)
7	Σ	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	ILE	DID INJURY OCCUR?	
		22. I hereby certify that I attended the deceased from Dece	ember 18, 1953	, to December 2]1953 t	hat I last saw the
ITE		deceased alive on Dec. 21, 1953, and that death occu	rred at 10:10m.,	from the causes and on the	date stated above.
WR.		Carlos Forms V	1400 N. Car	oline Street D	ec. 21, 1953
PLEASE WRITE correct age is esp	TI	ON. REMOVAL (Specify)	EART CEM,	7401 GERMAN HIL	county) (State)
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The	)3 BI	7 1 1 21 )	EALTH DEPARTMENT	53 113 Registered No.	317
		NAME OF DECEASED ANDREW J. HOFF MA	N-HOFFMANN	DEC. 2	1,1953
carefully supplied.	B. HC	PLACE OF DEATH: Baltimore City, Maryland 3425 E.PRATT ST  FULL NAME OF (If not in hospital or institution, give street address or location)  OSPITAL OR  INSTITUTION		B. COUNTY	n residence before admission) RURAL and give township)
caref	C.	LIFE Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If run	E. PRATT	5T.
on should be	5.	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify MARRIED)	8. DATE OF BIRTH	9. AGE (In years It Under 1 % last birthday) Months Do	
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NDING information s of death cle	13	JOHN W. HOFFMANN	BARBARA	HORNER	
BINDING of inform	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	OFF MAN	5
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ARTENIA	OF DEATH  RNEPHROMA E	INT	ERVAL BETWEEN SET AND DEATH  6-12 MOS.
н	AL	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH C	CAUSE OF PART I OR	DEATH, ENTER IN YE	
- 6	EDIC	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give ex	act location)
AIN	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY WHILE AT NOT WH WORK AT WO	ILE RK		(
TE PL		deceased alive on DEC. 20, 1953, and that death occur	9 0 ct 1913, to 06 erred at 5 - P.m., from the	causes and on the dat	I last saw the stated above.
'RI	2	23A, SIGNATURE  A. BURIAL, (RREMA) 24B, DATE  ON, REMOVAL Specify)  24C, NAME OF CEMET	23B. ADDRESS 121 S. HILHHAND	AUE 23C.	DATE SIGNED
PLEASE W		BURIAL 112- 24-53 HOLY CRO	SS CEM. ANNA	POLIS RD. A	A. Co. Mo.
PLJ		ATE RECEIVED BY REGISTRAR'S SIGNATURE	Charles S. Zeiler	901 S.CONIKL	ING ST.

97093



5-315

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Register

_	ALLO LO	)			CERTIFICAT	E OF D	EATH	Register	ed No	
	NAME OF D	ECEASE		lary S	tepnowski			2. DATE OF DEATH DEC	.21,1	953
	PLACE OF D Baltimore (	City, M				A. STATE		Where deceased live B. COUNTY		ution: residence before admission)
HC	FULL NAME OSPITAL OR STITUTION	OF (			ion, give street address location	c. CITY O		/ 1	limits, w	te HURAL and give township)
4	- /		St. Jos	eph's	Hospital Yrs. Mos	D. STREET		rural, give location	1)	
	Length of s				life Day	924 8. DATE 0		lin Street	's If Under	Year   If Under 24 Hours
	Female	6.COL	White		E. MARRIED. VED, DIVORCED (Specif i∈d	AUG.	18,1889	last birthday)	Months	Days Hours Min.
10 vork	A. USUAL OC	fworking	ON (Give kind of life, even if retired)		o of Business or INDUSTR	Y	imore. Mai		1	CITIZEN OF WHAT COUNTRY?
	FATHER'S	IAME	ZEPKO				imore, Mar er's MAIDEN N	TE SIL		
15	. WAS DECEAS	D EVER	IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFOR		12 010	ADDRE	
(Yes	, no or unknown)	(If ye	NO.	s of service)	SECURITY NO.	JOSEI	PH STEI	PNOWSK	1 .	SAME,
RTIFICATION	(This does heart failt injury or DISEASE RISE TO 1	LEADI not me re, asthe complic ANTEC	CONDITION NG TO DEA an the mode of enia, etc. It mea ation which of EDENT CAUS  EDENT CAUS  ONDITIONS, H VE CAUSE (A) ONDITION LA	TH of dying, e. a ons the diseas caused death SES FANY, GIVIN STATING TH	(B)	ypertens	Hemorrhage	e o-gascular itus	dise	SE
ш	TO THE	DEATH	T CONDITIONS BUT NOT I	RELATEO TO						
CAL C	19A, DATE C		V	VAS PERFO			CAUSE PART I	ATION WAS RELATE OF DEATH, ENTE OR PART II	R IN	20. AUTOPSY?
EDIC	OR CONTRI	BUTING	S UNDERLYI CAUSE OF	about	B. PLACE OF INJURY home, farm, factory, street, off	(e. g., in or ce hidg., etc.)	c. WHERE DID JURY OCCUR?	(If in Baltimore	City, give	exact location)
2	OF INJURY	,	(Day) (Year)	m.	21E. INJURY OCCUR WHILE AT NOT W WORK AT W	HILE	F. HOW DID IN			
	22. I hereb	y certi	fy that I att	tended the	deceased from D and that death occ	ec. 11 ti	1953, to	Dec. 21 sti	1953, the	at I last saw th
	23A, SIGNA	TURE	Dla	foso	) M. D.	238. ADDRE	ss . Ca <b>rò</b> line		2	BC. DATE SIGNED
24 TIC	BURIAL, BURIAL, BURIAL	CREMA-Specify)	12 - 26	6-53	HOLY ROSA			RMAN HIL	L RD	BACO, MD
	FC 231		REGISTRAR	SSIGNATI	VELLAUM-, A	lahar	LA S. SU	ly 8AL	CON TO. 2	KLING SZ.
	VS 150	Contract Con		W		. 0	(3)			

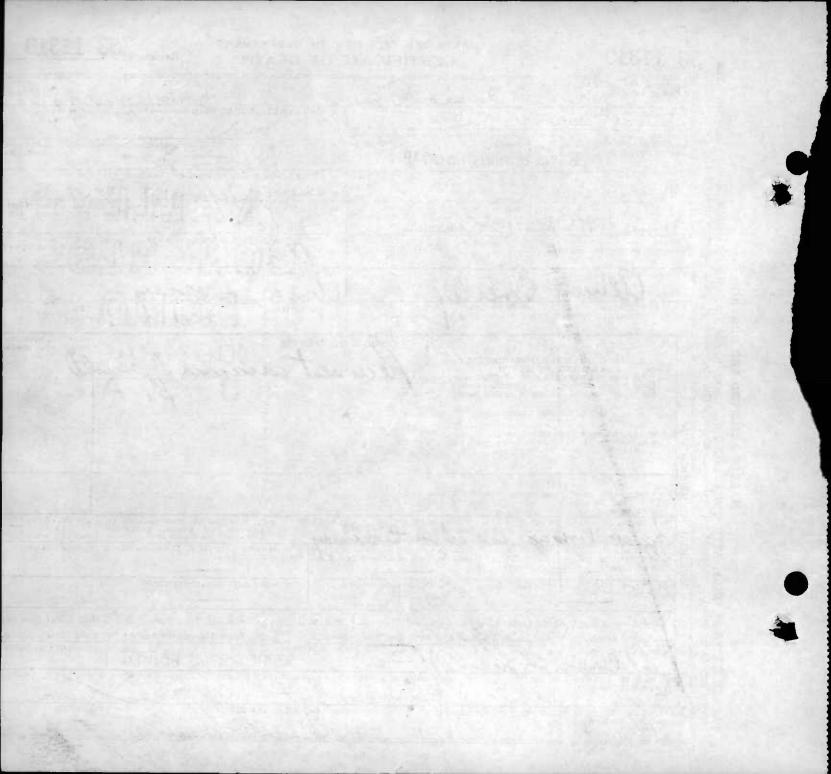
BODY TAKEN E.

NAME

ADDRESS-

DATE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY A. STATE before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give e carefully legibly. INSTITUTION (township) MOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days information should be sof death clearly and l AGE (In years) if Under 24 Hours 5. SEX 6. COLOR OR RACE If Under Yanr 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER A. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. HOPKINS HOSPITAL em of i JOHNS NTERVAL BETWEEN CAUSE OF DEATH Every item write the cau 18. ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ш DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WAS PERFOR ED **HLIM** CAUSE OF DEATH, ENTER IN important. radical PART I OR PART II ACCIDENT WAS UNCERLYING CONTRIBUTING CAUSE OF 21B. ACE OF INJURY (e. g., is of about home, farm, factory, street, office bld., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. 21F. HOW DID INJURY OCCUR? 21D TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED OF INJURY especially WHILE AT NOT WHILE AT WORK WORK 1953 that I last saw the 22. I hereby certify that I attended the deceased from. WRITE m., from the causes and on the date stated above. 33 and that death occurred at 7.35 deceased alive on 1 23B. ADDRESS 23c. DATE SIGNED 23A, SIGNAT HOPKINS HOSPITAL JOHNS age 2 NAME OF CEMETERY OR CREMATORY (State) 24D. LOCATION (City, town, or county) 24A. BURNAL, CREMA-PLEASE ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



The

53 1132
BIRTH NO.
1. NAME OF DEC (Type or Print)
3. PLACE OF DEA A. Baltimore City
B. FULL NAME OF HOSPITAL OR INSTITUTION

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 11320

9	ВІ	RTH NO.	
. The		NAME OF DECEASED 'ype or Print)  Meyer KROME	of Death December 22, 1953
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE  Maryland  Maryland
Ily	H	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write KUDAL and give
		Johns Hopkins Hospital	Baltimore 2
ar gibly.	-	Length of stay in Baltimore 49 years Mos. Days	o. STREET ADDRESS (If rural, give Meation)  44 S. Albemarle St.
100	-	SEX 6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   If Under 24 Hours
and		Male Male WIDOWED, DIVORCED (Specify)	1875 last birthday) Months Days Hours Min.
Every item of information should write the causes of death clearly an		OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  (1. S. A.
ation th cl	13	3. FATHER'S NAME Ralman Krome	14. MOTHER'S MAIDEN NAME Fannel
form f dea	15 (Yes	5. W(S DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL   16. SOCIAL	17. INFORMANT / ADDRESS
in s			Samuel Knamer - 4127 Farrien
m of		18. 4221 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
y ite			losclerotic cardiovascular disease
Ever		injury or complication which caused death.) DUE TO	
		ANTECEDENT CAUSES	
INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
NG IS:	A	(C)	
UNFADING Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H-1	U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
LY, WITH important.	EDICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	
	Σ	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	
PLA ecially		22. I certify that I took charge of the remains described a	bove, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry
-		and death in my opinion resulted from: natural eauses	nquiry, find that said deceased died on the day stated above, $\mathbf{x}$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
E WR age is			238. CHIEF MEDICAL EXAMINER
PLEASE W	710 72	4A. BURIAL. GREMA- 24B. DATE, ON. REMOVAL Specify, 12/24/53  Anshei mun	yet long Baltimore, md.
PLI		ATE RECEIVED BY REGISTRAR'S SIGNATURE	28 FUNERAL DIRECTOR 1124W. Morthand
12	V	S 151	20 Common owns

4.45 P.M.

## BALTIMORE CITY HEALTH DEPARTMENT

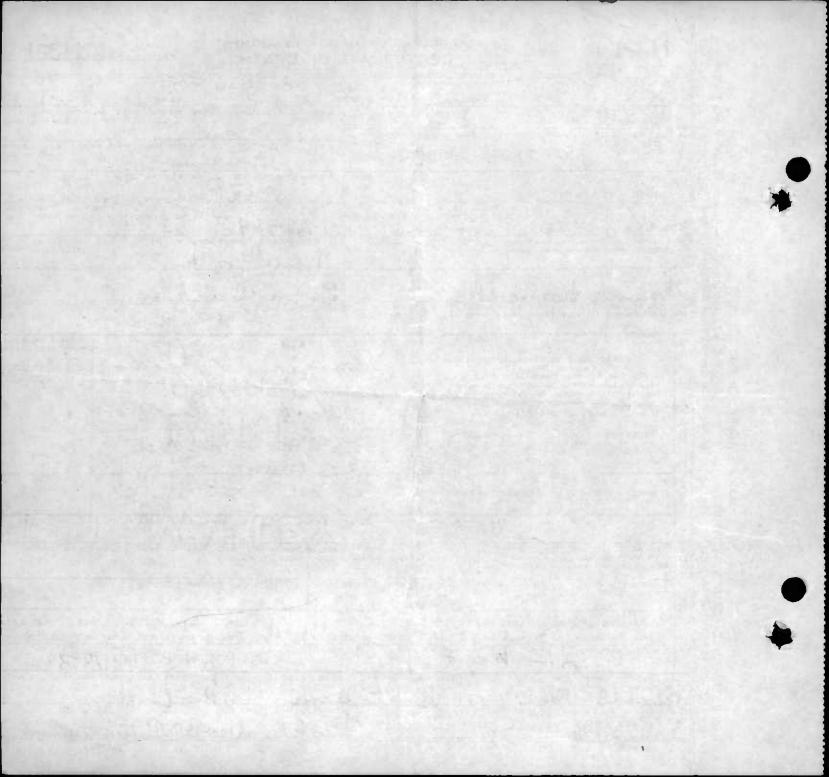
Registered No. 11321

		CERTIFI	CATE	OF DEAT	H	Registered-No	11061
		NAME OF DECEASED Trans	Luc.	throes	ther	2. DATE OF DER	22 1953
no de la companya de	Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESID	ENCE (Whe	ere deceased lived. If it B. COUNTY	stitution : residence before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street a SPITAL OR STITUTION HOPKINS HOSPITAL)		C. CITY OR TOWN	N (II ou	atside corporate limit,	write RURAL and give township)
and legibly.	c.	Length of stay in Baltimore	Yrs. Mos. Days	O. STREET ADDR	66 Pe	ral, give location	Place
y and	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		7-22-18	90	9. AGE (In years last birthday) Mon	nder I Year It Under 24 Hours the Days Hours Min.
clearl	work		S OR DUSTRY	New T	State or fore	Ign country)	2. CITIZEN OF WHAT COUNTRY?
ises of death clearly and	0	rank sincedles		14. MOTHER'S MA	Bun	khart	
causes of	15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service) SECURIT	Y NO.	17. INFORMANT	OHNS H	OPKINS HOSPIT	DRESS
olease write the	ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	ulm Di	gast Cliris	Jan Dan Delen	rpceles lune cosis	ONSET AND DEATH
Physicians: 1	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		•			
	AL	19a. DATE OF OPERATION 19B. CONDITION FOR WE WAS PERFORMED	HICH OPE			ON WAS RELATED TO DEATH, ENTER IN PART II	
PH 11	MEDIC	21a. ACCIDENT WAS UNDERLYING   21b. PLACE OF IN CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	JURY (e. street, office blo	g., in or 21C. WHE dg., etc.) INJURY C	RE DID (If	in Baltimore City,	rive exact location)
ally in		210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF INJURY  m. WHILE AT WORK	NOT WHILE AT WORK		טנאו מום י	RY OCCUR?	
= 11		22. I hereby certify that I attended the deceased from deceased alive on 122 1953 and that deat			3, to		that I last saw the date stated above.
age is esp			м. D.	B. ADDRESS.			12-22-13
	TIC	Durial Dec 26 1953 Bal	tale	Y OR CREMATORY	E.n	orthun	e
correct		TE RECEIVED BY REGISTRAR'S SIGNATURE	A. Mc	25. FUNERAL DIE	RECTOR	ON PH.	ADDRESS ADDRESS

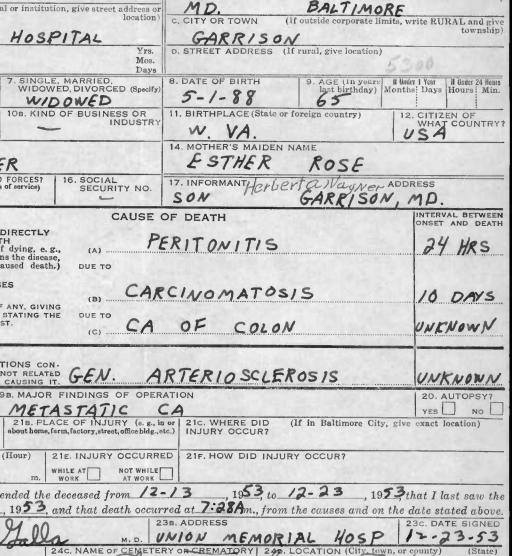
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MARGIN RESERVED FOR BINDING

we,



	11)-256			
5		RE CITY HEALTH DEPAR TIFICATE OF DEA	RTMENT Registered	53 11322
	1. NAME OF DECEASED (Type or Print)  ROSE MARGARET	WAGNER	2. DATE OF DEATH /2	-23.53
diana	a. PLACE OF DEATH:  a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR	A. STATE	DENCE (Where deceased lived. B. COUNTY BALT   MO	If institution : residence before admiss
ibry	UNION MEMORIAL HOSPITA	Yrs. D. STREET ADD		towns
and	c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE, MARF WIDOWED, DIV	ORCED (Specify)	last hirthday)	If Under 1 Year Hours 24 Hours M
clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE		E (State or foreign country)	12. CITIZEN OF WHAT COUNT
death	JOSEPH KELLER	L STH		
ses of		CCIAL 17. INFORMANT SON	Herberta)Vagner GARRISON	ADDRESS V, MD.
causes	18. /53× I DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		ONSET AND DE
write the	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	PERITONI E TO	Tis	24 HRS
please v	O DISEASES OR CONDITIONS, IF ANY, GIVING	CARCINOMA	TOSIS	10 DAY
7	U L		OLON	UNENOWN
hysicians:	OTHER SIGNIFICANT CONDITIONS CON-	EN. ARTERIOS	SCI EROS IS	UNKNOW



before admission)

EDICAL 21A. ACCIDENT WAS UNDER

Ü

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

NOT WHILE

24c, NAME O

218. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that I attended the deceased from /2-/3 deceased alive on 12-22 23A. SIGNATURE

23s. ADDRESS UNION

MEMORIAL

DATE RECEIVED BY LOCAL REGISTRAR

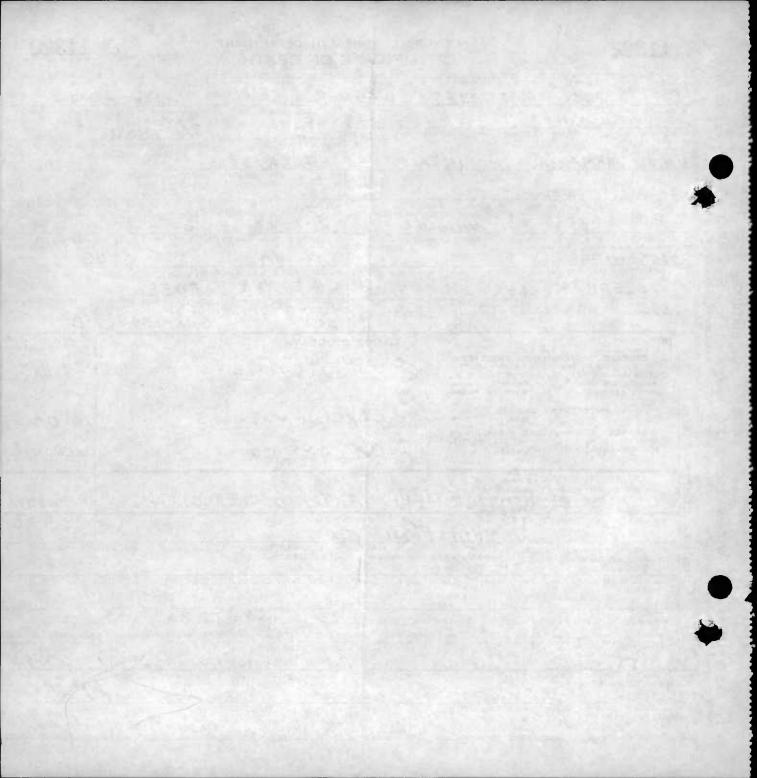
24A. BURIAL, CRIMA-TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE

24B. DA

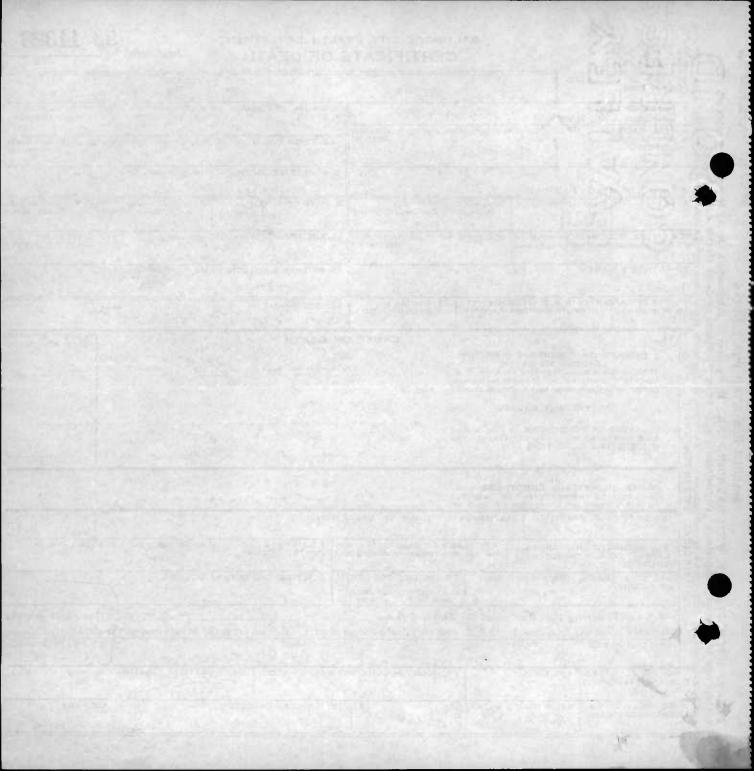
THE DISEASE OR CONDITION CAUSING IT.

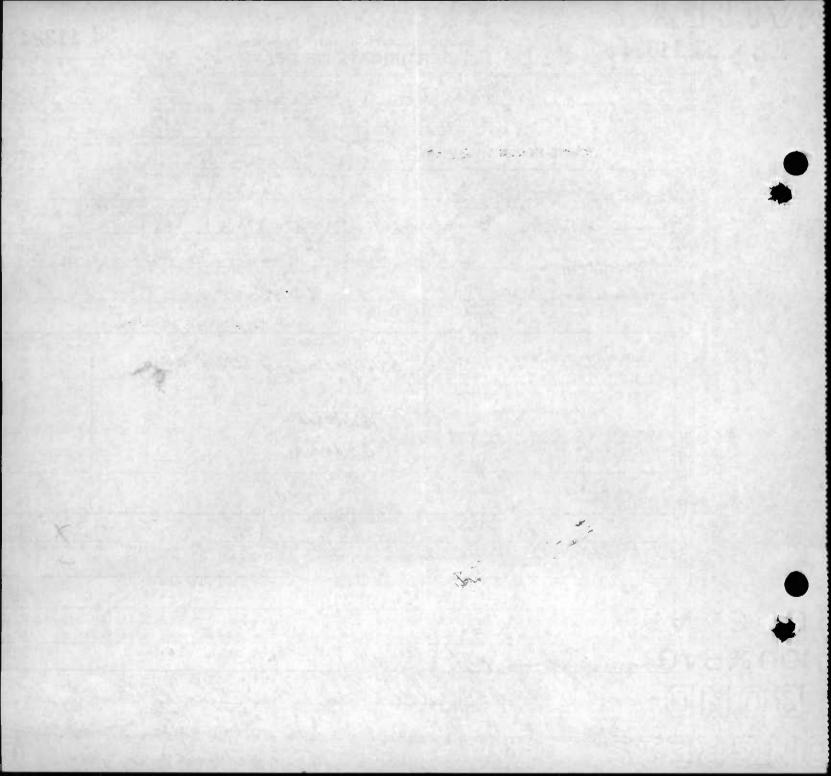
25 FUMERAL DIRECTOR ADDRESS



M	-	4	6	0
BIRTH	13	53	j.	
1. NAN (Type o	ME OF	DEC:)	EAS	ED

		EALTH DEPARTMENT	53 11323
BIRTH 1323	CERTIFICAT	E OF DEATH Registered 1	10
1. NAME OF DECEASED (Type or Print) ELIZABETH MILLER		2. DATE OF DEATH Dec. 22, 1953	
A. Baltimore City, Maryland 1120 Hewitt Way		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  1120 Hewitt Way			
Yrs. Mos.		D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore  Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.			
Female White W	IDOWED DIVORCED (Specify Idowed	Oct. 5, 1876  9. AGE (In years last birthday) 77	f Under 1 Year on the Days Hours Min.
At home	KIND OF BUSINESS OR INDUSTRY	Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Robert Curran		Catherine	V
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes. no or nuknown) (If yes, give war or dates of service)	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT A Howard C. Lee 1120 Hewitt Way	DDRESS
18. /53 X CAUSE OF DEATH			INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			/ 2
(This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused	uiscase,	Caccinoma of colon	ono.
ANTECEDENT CAUSES			
z	(B)		
DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.			
ONDERLYING CONDITION EAST.	(C)		
O DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITION: TRIBUTING TO THE DEATH, BUT NOT F			3 who
TO THE DISEASE OR CONDITION CAUS	ING IT.	inita-pullmana	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)    21b. PLACE OF INJURY (e. g., in or linguage)   21c. Where DID (If in Baltimore City, give linguage)   10c. Where DID (If in Ba			YES NO Regive exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE			
22 7 1	m.   WORK   AT WORK	nov. , 1957 to Dec 22, 195	30.071.0
22. I hereby certify that I attended	the aeceasea from	rred at 4:30 Rm., from the causes and on the	A that I last saw the
23A. SIGNATURE ME		23B. ADDRESS 3105 Below MA	23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMET	ERY OR CREMATORY . 24D. LOCATION (City, town,	or county) (State)
Burial Dec. 24, 1 Date received by   registrar's sig		R Baltimore Md.	ADDRESS
LOCAL REGISTRAR	NATURE WELLEN	Ullrich Funeral Home 4210 Be.	
VS 150			



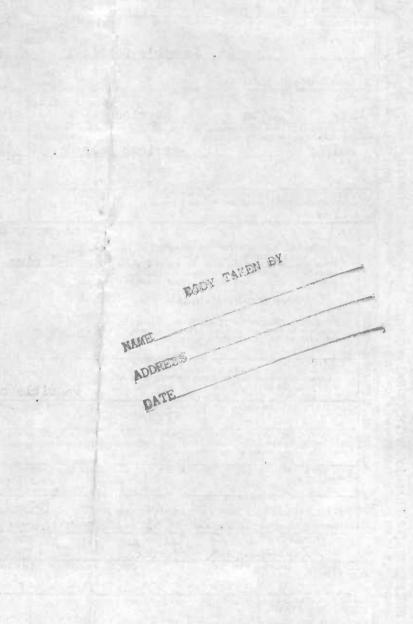


N-260	BALTIMORE CITY HE		X	3 11325
BIRTH NO.		E OF DEATH	Registered N	0
1. NAME OF DECEASED ELS	•		DEATH	-21-53
3. PLACE OF DEATH:  A. Baltimore City, Maryland	yland Bottoman	4. USUAL RESIDENCE (V	Where deceased lived, If	institution: residence before admission)
HOSPITAL OR	institution, give street address or location) wereel Haspilal		outside corporate limits	s, write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	cost Share	rural, give location)	Paradinal
FW	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	1888 March		Under 1 Year H Under 24 Hours https://doi.org/10.1001/
work done during most of working life, even if retired)	3. KIND OF BUSINESS OR INDUSTRY	Mayland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thamas	young	14. MOTHER'S MAIDEN N.	unel	
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or uokoowo) (If yes, give war or dates of set	(CES? 16. SOCIAL rvice) 16. SECURITY NO.	17. INFORMANT	O- DAME	DDRESS
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy's heart failure, asthenia, etc. It means the injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	ng, e. g., (A) Carelle edisease, I death.) DUE TO Head	of DEATH Gral Thrombo ut Jouline beter		ONSET AND DEATH
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED			
19A. DATE OF OPERATION 19B. M	AAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	1B. PLACE OF INJURY (e. g., in the state of the state		f in Baltimore City, g	ive exact location)
21D. TIME (Month) (Day) (Year) (Hou OF INJURY	m. WHILE AT NOT WHILE AT WORK		OCCUR?	
22. I hereby certify that I attended	ed the deceased from 12	-6 - 53, 19 , to /	2 - 24 - , 196	3that I last saw the
deccased alive on 12 · 21, 19 23a. SIGNATURE	MARTINE 2	38. ADDRESS A	ne causes and on th	23c. DATE SIGNED
24A. BURIAL. CREMA- TION, REMOVAT (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LI	Ballo.	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIG		25. RUNERAL DIRECTOR	Cenery	ADDRESS
VS 150		J, 30 E. T.	ONT AUS	

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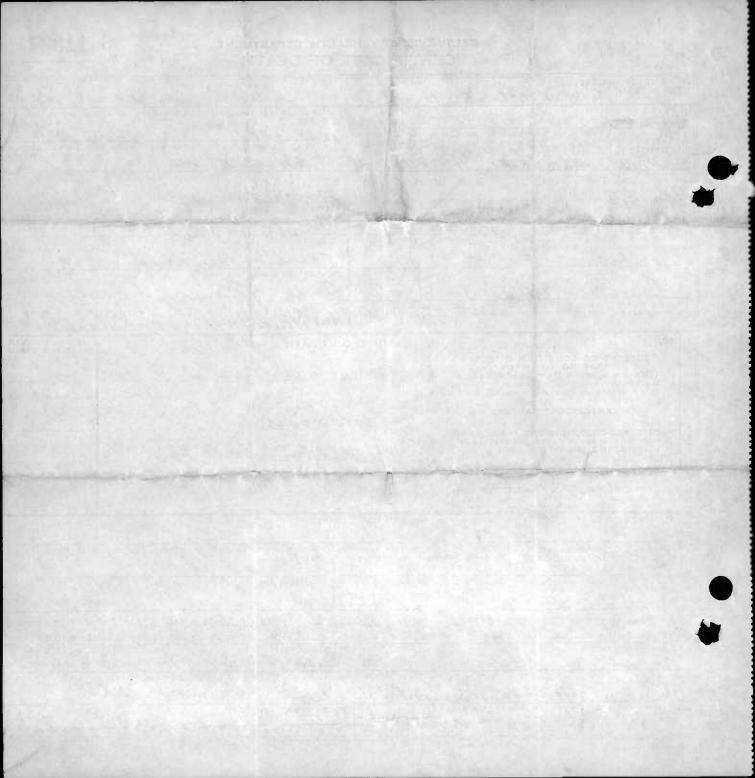
Registered No. 11326

BIRTH	TOMO			CERTIFICATI	E OF DEA	TH Registered	No. LLUCD
1. NAM	AE OF DECI	ASED			***************************************	2. DATE	
(Type o	or Print)	Smith.	Roy M			OF DEATH Dece	mber 22, 1953
	CE OF DEAT				4. USUAL RESI	DENCE (Where deceased lived, I	
	L NAME OF		al or institut	tion, give street address or	Maryland	2. 0001111	berore administration
HOSPI'	TAL OR TUTION			location)	c. CITY OR TOV	VN (If outside corporate lim	its, write RURAL and give township)
111		St. Jo	seph's	Hospital	Baltimor		) - 0 ~ cownsinp)
1-1				Yrs. Mos.		PRESS (If rural, give location)	
		in Baltimore		Days		tis Avenue #26	
5. SEX		color or race hi <b>te</b>	WIDOV	E. MARRIED, VED, DIVORCED (Specify) Pied	8. DATE OF BIR 10/22/02	9. AGE (In years last birthday) 5 I	If Under 1 Year If Under 24 Hours Months Days Hours Min.
10A. US	SUAL OCCU	PATION (Give kind of rking life, even if retired)	108. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	lper		Americ	an Beer Co.	Maryland		
13. FA	THER'S NAM	E			14. MOTHER'S	MAIDEN NAME	
		Geor	ge Smi	th	Margaret	Seymour	
15. WA:	S DECEASED I	VER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
7	Yes				Family -	Same	
18.	307x			CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE	OR CONDITION	DIRECTLY				
		ADING TO DEAT t mean the mode of		Deliri	um Tremens		
1	heart failure,	asthenia, etc. It mea	ns the diseas	se,			
				1.) DOE 10			
_	AN	TECEDENT CAUS	ES				
6		R CONDITIONS, I			*******************************	***************************************	***************************************
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()		ONDITION CAUSING				IF DPERATION WAS RELATED	TD   20. AUTOPSY?
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OR DEA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or CONTRIBUTING CAUSE OF DEATH (NDTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						
	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?						
J.	OF INJURY  NI. WHILE AT NOT WHILE AT WORK AT WORK						
22	22. I hereby certify that I attended the deceased from December 19, 19 53to December 22, 19 53 than						53 that I last saw th
de	ceased alive	on Dec. 22	. 19, 53.	and that death occur	rred at 10:05a	m., from the causes and on	the date stated above
	A. SIGNATUR		V .	<u> </u>	3B. ADDRESS		23c. DATE SIGNED
	do	us U.	tru	м. р.	LLOO N. Car	oline Street	Dec. 22.1953
ZAA.	BURIAL, CRE	MA- 248. DATE		2. NAME OF CEMETE	RY DR CREMATOR	RY 24b. LOCATION (City, tow	n, or county) (State)
77011, 11	В	12/28/5	3	Baltimore Nat	cional	Baltimore	
	RECEIVED E	Y   REGISTRAR	SSIGNAT		25. FUNERAL D		ADDRESS
_	L REGISTRA	The second of	town 1/2	/11-	James L.	McCully - I30 .	Fort Avenue



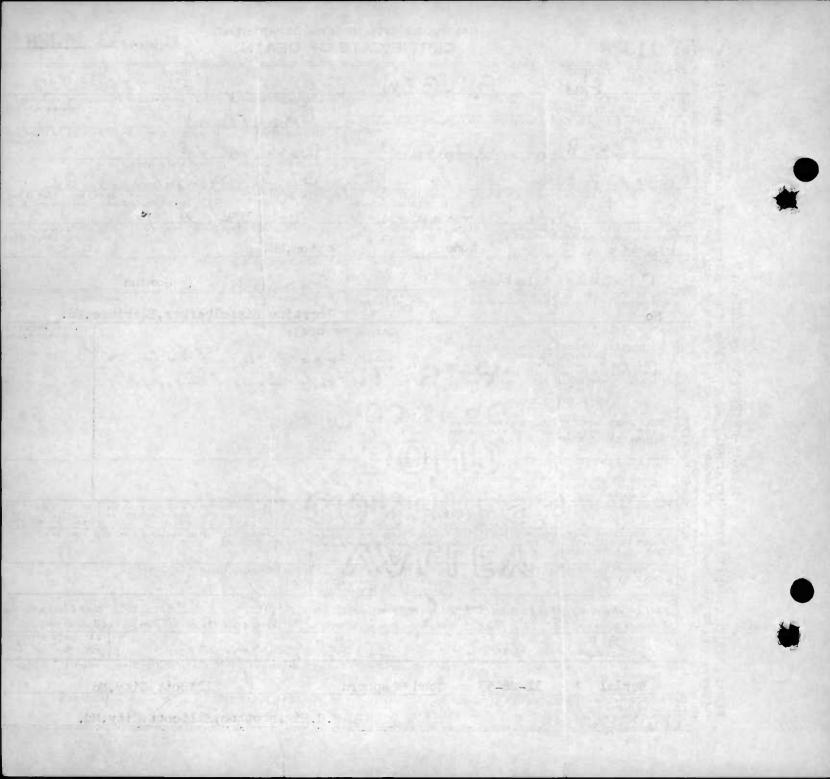
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-	2/1227 BAI	LTIMORE CITY HEA	LTH DEPARTMENT	53	11327
0	IRTH NO.	CERTIFICATE	OF DEATH	Registered No.	22007
1	NAME OF DECEASED			2. DATE	
1	Type or Print) ANNA FLORENCE	HUGHES		DEATH DEC.	21, 1953
	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE (W A. STATE	here deceased lived. If ins B. COUNTY	titution: residence before admission)
H	FULL NAME OF (If not in hospital or institut OSPITAL OR	104:	CITY OR TOWN (If	TO WSO/	
111	VNIDIU MEMORIAL 1		TOWSON 4,	ud.	township)
1	VIOLET VIEW OF THE THE	Yrs. C		ural, give location)	
1	Length of stay in Baltimore	Mos. Days	202 W. PENN.	lae.	
1 -	WIDOW	ED, DIVORCED (Specify)	DATE OF BIRTH	9. AGE (In years) If hid last birthday) Month	r l Year   It Under 24 Hours   Hours   Min.
10	DA. USUAL OCCUPATION (Give kind of 10B. KIND		ct. 3, 1899 1. BIRTAPLACE (State or for	reign country)   12	. CITIZEN OF
WOI	k done during most of working life, even if retired)	INDUSTRY	Tampan Ma	miland	WHAT COUNTRY?
1:	3. FATHER'S NAME	1-	4. MOTHER'S MAIDEN NA	ME/	
	Arank I. Whales	- 6	anna Felo	ence Ger	man
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT.	B ADD	RESS
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	DISEASE OR CONDITION DIRECTLY	X CAUSE OF	DEATH		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e. )	(A) anewry	un abdauen	al Clarka	10 cr 4, 3
	heart failure, asthenia, etc. It means the diseas injury or complication which caused death	e,			Dec 21 3
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NO	DISEASES OR CONDITIONS, IF ANY, GIVIN		moelling	2	
ATI	RISE TO THE ABOVE CAUSE (A) STATING THUNDERLYING CONDITION LAST.	1)	ly teo hel	leke.	
RTIFICATION		(c)			
RTI	OTHER SIGNIFICANT CONDITIONS CON				249-190
CE	TRIBUTING TO THE CEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I				
1	19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPERAT	ION		20. AUTOPSY?
EDICA		ACE OF INJURY (e. g., in or		in Baltimore City, give	exact location)
AEF.	CAUSE OF DEATH	farm, factory, street, office bldg., etc.)	INJURY OCCUR?		
-	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	W-14
		WHILE AT WORK AT WORK			
	22. I hereby certify that I attended the			c. 21, 1953 t	
	deceased alive on Dec. 21, 1953.		d at 3 20m., from th		late stated above.  3c. DATE SIGNED
	Haul nu. alecce	м. р. И	misis Memor	ial Krap. 1	eci 21, 1953
Z TI	ON REMOVAL (Specify)	AC. NAME OF CEMETERY	2/	CATION (City, town, or	county) (State)
-	Burge Dec 24, 1953 V	rospect Hell &		wan ma	
37.0	ATE RECEIVED BY REGISTRAR'S SIGNATU	Valuati in Mar 2	FUNERAL DIRECTOR	In 805 ml	ORESS THE

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formation should be carefully supplied.  f death clearly and legibly.	(Ty) 3. F A. I B. F HOSINS 1. S TO S S TO S TO S TO S TO S TO S TO S	Length of stay in Baltim  Length of stay in Baltim  LEX G. COLOR OR  USUAL OCCUPATION (Given eduring most of working life, even if to use with the color of the c	ore RACE 7. SINGLE. WIDOWEL ekindor rotired) 10B. KIND Corrotired	Yrs. Mos. Days MARRIED. D. DIVORCED (Specify)	c. CITY OR TOWN	(If outside corporate line)  (If rural, give location)  (If rural, give loc	pefore admission township township  Rd.  It Under I Year Months Days Hours Min  12. CITIZEN OF WHAT COUNTRY  ADDRESS  idge, Md.
MARGIN RESERVED FOR , WITH UNFADING INK. Every item portant, Physicians: please write the cau	MEDICAL CERTIFICATION	DISEASE OR CONDITION TO THE DEATH BUT DISEASE OR CONDITION TO THE DEATH BUT DISEASE OR CONDITION TO THE DEATH BUT DISEASE OR CONDITION CONDITION TO THE DEATH BUT DISEASE OR CONDITION CONDITION TO THE DEATH BUT DISEASE OR CONDITION CONDITION CONDITION TO THE DEATH BUT DISEASE OR CONDITION CONDITION CONTRIBUTING CAUDEATH (NOTIFY MEDICAL EXECUTED IN TO THE DEATH BUT DISEASE OR CONDITION CONTRIBUTING CAUDEATH (NOTIFY MEDICAL EXECUTED IN THE CONTRIBUTING CAUDEATH (NOTIFY MEDICAL EXECUTED IN THE CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUDEATH (NOTIFY MEDICAL EXECUTED IN THE CONTRIBUTION CONTRIBUTION CONTRIBUTION CAUDEATH (NOTIFY MEDICAL EXECUTED IN THE CONTRIBUTION CAUDEATH (NOTIFY MEDICAL EXECUTED IN THE CONTRIBUTION CAUDEAU CONTRIBUTION CAUDEAU CA	DEATH mode of dying, e.g., It means the disease, hich caused death.)  CAUSES  DNS, IF ANY, GIVING IE (A) STATING THE ON LAST.  INTIONS CONTRIBUTI NOT RELATED TO AUSING IT.  198. CONDITIE WAS PERFORN ERLYING 218. F about hom AMINER)  (Year) (Hour) 218  I attended the death.	DUE TO  (B)  DUE TO  (C)  NG THE  ON FOR WHICH O  NED  LACE OF INJURY  Refarm, factory, street, office  E. INJURY OCCURR  HILE AT  NOT WHI  WORK  Receased from  At work  At that death occu	CAUSI PART (e. g., ia or bidg., etc.) INJURY OCCUI	ERATION WAS RELATED OF PART II  ID (If in Baltimore Cire)  INJURY OCCUR?  12-22, 19  m the causes and or	O TO 20. AUTOPSY? IN YES NO

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 12-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Ellicott City, Md
R ADDRESS 12-26-53 Good Shepherd DATE RECEIVED BY LOCAL REGISTRAR 25. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. VS 150



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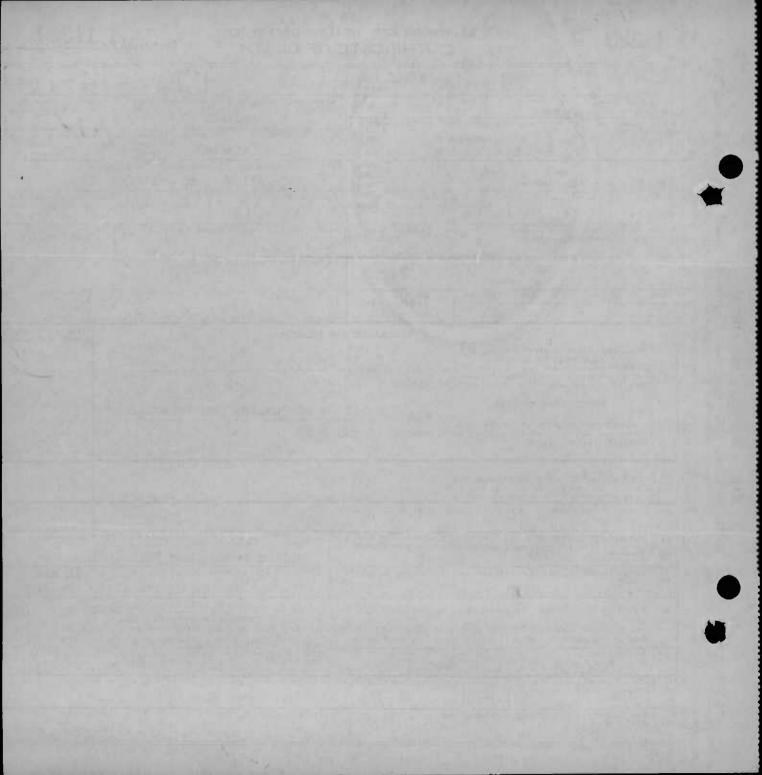
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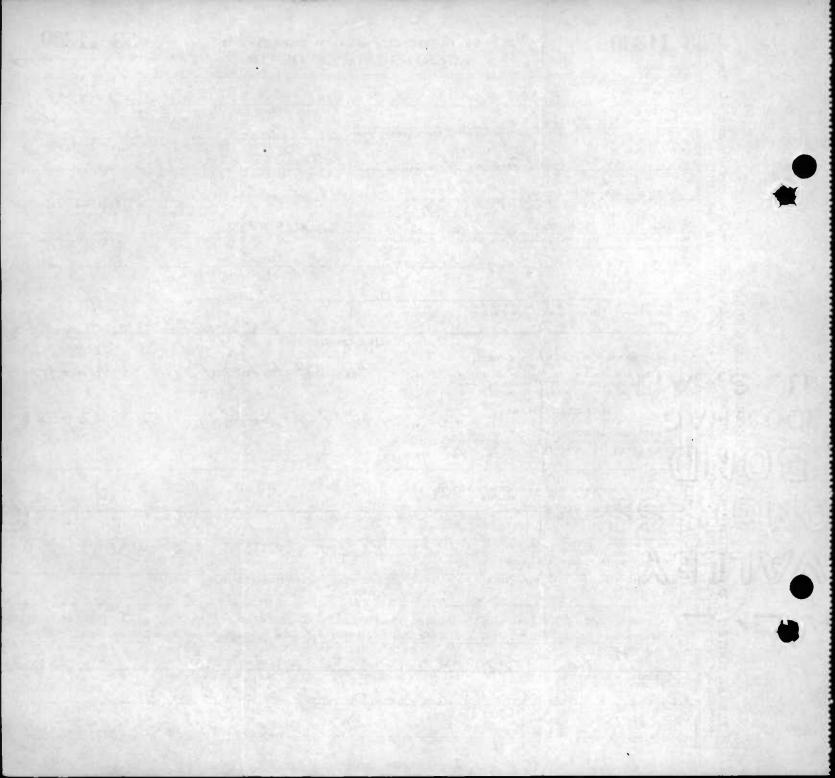
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ВІ	RTH NO.	CERTIFICAT	E OF DEA	TH	registered No	1900
1.	NAME OF DECEASED			2. D	ATE	
	CHAKLES	R Mc MA	CKIN			3, 1953
			4. USUAL RES	IDENCE (Where d	cceased lived. If inst	itution : residence before admission
В.	FULL NAME OF (If not in hospital or insti	tution, give street address or	2	nol.	19	65
IN	STITUTION		C. CITY OR TOU	(If outside	corporate limits, w	rife RJRAT and gi townshi
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	Toronto and the Date	Yrs. Mos.	o. STREET ADD	RESS (If rural, 8	rive ideation)	
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1	had to WID	OWED, DIVORCED (Specify		la	st birthday) Month	Days Hours Mir
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Worl	done during most of working life, even if retired)			. /	12	WHAT COUNTRY
13		uch Bros.	14 MOTHER'S	MAIDEN NAME		
			I . MOTHER S	TAME		
15	. WAS DECEASED EVER IN U. S. ARMED FORCES	1 16. SOCIAL	17 INFORMANIA	-		
(Ye	s, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	10 1 P1			THE I PA
	18 5/ 0.4	CAUSE	OF DEATH	ic remod	un 3191 bus	INTERVAL BETWEE
			OF DEATH			ONSET AND DEAT
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7	ANTECEDENT CAUSES	DIA	BETIS - N	FPARIT	T/S-	3 4EAR
ō	DISEASES OR CONDITIONS, IF ANY, GI	VING	•••••••••••••••••••••••••••••••••••••••		· · · · · · · · · · · · · · · · · · ·	
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E	OTHER SIGNIFICANT CONDITIONS CONTRI					
Ш	OISEASE OR CONDITION CAUSING IT.	TO THE	••••••		********	
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¥				PART I OR PAR	T II	YES NO
ă	OR CONTRIBUTING   CAUSE OF   Jab	out home, farm, factory, street, office	hldg.,etc.) INJURY		Baltimore City, giv	e exact location)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			W DID INJURY	OCCUR?	
		WORK AT WOR	K			
	22. I hereby certify that I attended t	he deceased from Es	B-/2 , 19			
	deceased alive on OF 2-22, 195	, and that death occu	rred at 3.30A	m., from the ear	ses and on the a	late stated abov
	23A. SIGNATURE	1110	23B. ADDRESS	20110	2	3C. DATE SIGNE
	Junuary No	Mes. M.D.	000003	3 = 7 >	ONL/City town	2 ·23 ·3
TIC	ON, REMOVAL (Specify)	24C. NAME OF CEMET	TOR CREMATOR	/ U /	ON (City, town, or	(State
4	Sural Werd 1953	moreland n	unous (1)	Jayler .	for.	DDRESS
L	OCAL REGISTRAR	Millians &	A) A B D	and and	AI	CTV/
11	It I. / STUDY TO MANAGEMENT	~ YELALBARATE	Bulle la	Consust The	361547 Khu	tuel tell.
	MEDICAL CERTIFICATION  ALT BE	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution)  C. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE 7. SING WIDTON  10A. USUAL OCCUPATION (Give kind of word done during most of working) life, even if retired)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)  15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)  16. COLOR OR RACE 7. SING WIDTON  17. SING WIDTON  18. DISEASE OR CONDITION DIRECTL  LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  DISEASE OR CONDITION CONTRITO TO THE DEATH BUT NOT RELATED OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CON WAS PER  OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21A. ACCIDENT WAS UNDERLYING 20R CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended to deceased alive on DEC-22, 1952 23A. SIGNATURE  24A. BURIAL CREMA-124B. DATE TION, REMOVAL (Specify)  DISEASE OR CONDITION CAUSING IT.  24A. BURIAL CREMA-124B. DATE TION, REMOVAL (Specify)  DISEASE OR CONDITION CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  24A. BURIAL CREMA-124B. DATE TION, REMOVAL (Specify)  DISEASE OR CONDITION CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  24A. BURIAL CREMA-124B. DATE TION, REMOVAL (Specify)  DISEASE OR CONDITION CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  24A. BURIAL CREMA-124B. DATE TION, REMOVAL (Specify)	SIRTH NO.  1. NAME OF DECEASED (Type or Print)  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location)  7. SINGLE, MARRIED.  Mos. Days  5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  Mos. Willow Divorported (Specify)  Mos. Days  10a. USUAL OCCUPATION (Give kind of word done during most of working life, even if retired)  11a. SULUAL OCCUPATION (Give kind of word done during most of working life, even if retired)  11b. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)  11c. WIDOWED, DIVORCED (Specify)  11c. WIDOWED, DIVORCED (Speci	SIRTH NO.  I. NAME OF DECEASED (Type or Print)  CHARLES R Mc MACKIN  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  3. FLACE OF OEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  3. FLACE OF OEATH: A. Saltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  3. FLACE OF OEATH: A. STATE  4. USUAL CELL AND INSTITUTION  5. SEX  6. COLOR OR RACE 7. SINGLE, MARRIED. Days 3. J. J. J. Days 3. J. J. J. Days 3. J. J. Days 3. J. J. J. Days 4. J. J. Days 5. J. J. Days 6. J. J. Days 6. J. J. Days 6. Days 6. Days 6. Days 6. J. J. J. Days 6. Days	BIRTH NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DECEASED (Type or Print)  3. PLACE OF DECEASED (Type or Print)  3. PLACE OF DEATH:  A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or incation) (NSTITUTION)  A. STATE  4. USUAL RESIDENCE (Where dead in the control of the co	SIRTH NO.   1. NAME OF DECEASED (Type of Perint)   2. DATE (Type of Perint)   3. DATE OF DEATH (If outside corporate lights, we have decisional light of the perint)   3. DATE OF DEATH (If outside corporate lights, we have decisional decision)   3. DATE OF BISTH   3. DATE OF BISTH

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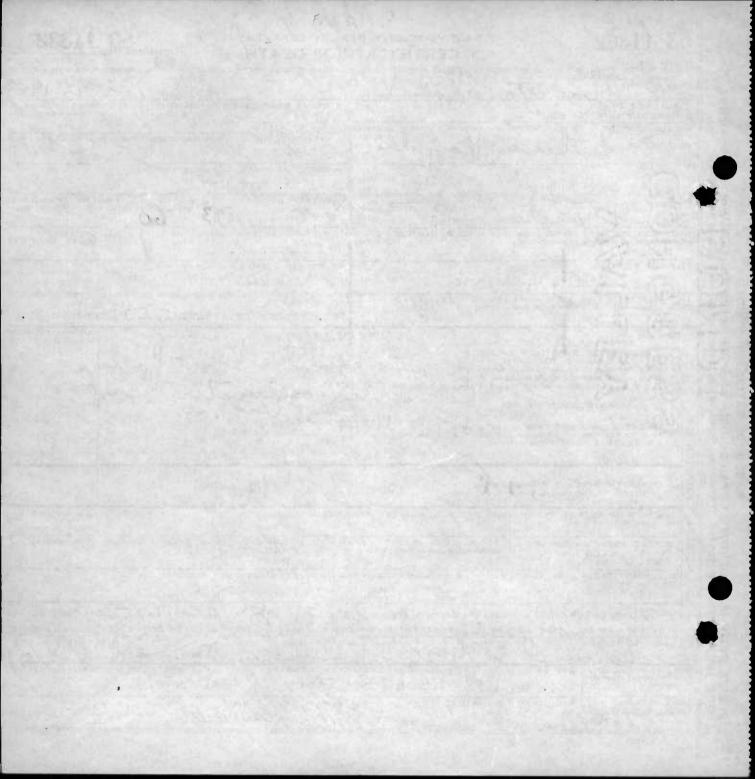
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The	ВІ	IRTH NO.	- OF DEATH Registered NO.				
F	1.	NAME OF DECEASED	2. DATE				
9	(T	Type or Print) NELLIE M. RUSSELL	DEATH Dec. 22, 1953				
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before umission)				
dns	В.	FULL NAME OF (If not in hospital or institution, give street address or	mol,				
	IN	OSPITAL OR location)	C. CITY OR TOWN (If outside corpor te lights, write, IU) har, and give township)				
ly.	0-	112 Bay St.	Ballo:				
d be carefully and legibly.		Yrs. Mos.	o. STREET ADDRESS (If rural, give location)				
be of		Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF PATH 9. AGE (In years) II Undor I Year   II Under 24 Hours				
ld h	N	WIDOWED, DIVORGED (Specify)	last birthday) Months Days Hours Min.				
should	10	DA. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR	BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
0 11	work	k dooe during most of working life, even if retired) INDUSTRY	Q / WHAT COUNTRY?				
tior h c	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
NG rmati death	58						
information of death cl	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS				
BINDING of inform uses of dea	(X 81	(If yes, give wer or dates of service) SECURITY NO.	France J. Wagner 712 Bay St.				
I		18. 200.0 CAUSE	OF DEATH				
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		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	neels with				
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PH PH	CE	DISEASE OR CONDITION CAUSING IT.	PERATION   IF OPERATION WAS RELATED TO   20, AUTOPSY?				
H	4	WAS PERFORMED	CAUSE OF DEATH, ENTER IN PART I OR PART II				
LY, WITH important.	EDICAL	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (	e. s., io or 21C. WHERE DID (If in Baltimore City, give exact location)				
	ED	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	bldg., stc.) INJURY OCCUR?				
ILY imj	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURRE	D 21F, HOW DID INJURY OCCUR?				
NA		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	E				
FE PLAINLY, especially impo			ne 10, 1953 to Dec 22, 1953 hat I last saw the				
-		deceased alive on 22, 1953, and that death occur					
IT.			38. ADDRESS   23c. DATE SIGNED				
WRITE e is esp	1	Plorarefliallenotera M.D.	848 N 36 St Duc 23/1/3				
0.0	26	BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
AS	0	Burial Decab 1953 Holy bes	sa Petahie Highway.				
PLEASE correct a		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
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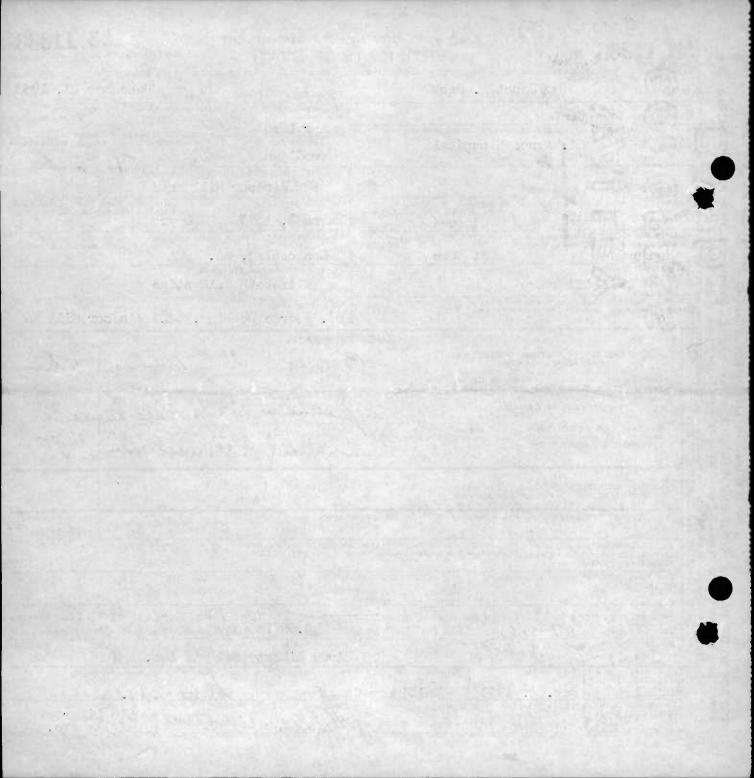
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B	ORTH NO. BALTIMORE CITY HIS CERTIFICAT	E OF DEATH Registered	3 11332
1.	NAME OF DECEASED  Sype of Print)  Mary  Lasetta Shalaly	2. DATE OF DEATH	1 72 196
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, ) A. STATE B. COUNTY	If institution: residence before admission)
H	FULL NAME OF (If pot in hospital or institution, give street address or location) NSTITUTION  (If pot in hospital or institution, give street address or location)		nits, write HURAF and give township
,c	Length of stay in Baltimore  Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give lation) 219 S. Broadway	
5	Remail 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)  Remail Married	DATE OF BIRTH AGE (In years last bir day) N	M Under 1 Year Afonths Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Housewife  At Home	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NAME William M. Chilcote	14. MOTHER'S MAIDEN NAME Sarah Dellehunt	0
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wer ar dates of service)  NO  16. SOCIAL SECURITY NO.	17. INFORMANT Mrs.Richard Galiszewski, 623	ADDRESS Dennison St.
TIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	getwe heart fan groseferstie he emig seare	here
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
SAL	19a. DATE OF OPERATION   19b. MAJOR FINOINGS OF OPER	RATION	20. AUTOPSY?
MEDICA	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,  CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, oc.) INJURY OCCUR?	give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  WHILE AT NOTWHILE AT WORK AT WORK		
2 TI	deceased alive on Sec. 23 19 5 and that death occur 23A. SICHATURE  M.D.	rred at 2 - 19 to See . 3195 rred at 2 - 19 from the causes and on 23 ADDREHS  ERY OR CREMATORY 24b. LOCATION (City, tow Baltimore, Md	the date stated above 23c. DATE SIGNED  23c. DATE SIGNED  (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR		O Liberty ights Ave.

VS 150



D-200 53 11333 BIRTH NO.  BALTIMORE CITY HE CERT!FICAT	EALTH DEPARTMENT 53 11333 E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Janet M. Dash	2. DATE OF December 21, 1953
a. PLACE OF DEATH:  a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)  St. Agnes H ospital	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission
Yrs. Mos	Woodlawn  D. STREET ADDRESS (If rural, give location)  6825 Windsor Mill Road
c. Length of stay in Baltimore  5. SEX  6. COLOR OR RACE  7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 2, 1873  9. AGE (In years of Under 1 Year Months Days Hours Min. Solvers)  9. AGE (In years of Under 1 Year Months Days Hours Min. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  13. FATHER'S NAME  William Munro	11. BIRTHPLAGE (State or foreign country)  Lonaconing, Md.  14. MOTHER'S MAIDEN NAME  Elizabeth Ballentine
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. George Dobbins, 6825 Windsor Mill Rd
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CON-	erebrel Hypsoporthage 5 hrs. Julium Cardw Vage Division 10 yrs. and god Ethriselusen 10 yrs.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, ferm, factory, street, office bidg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE M. WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
23A SIGNATURE 9 ABOUT M.D. 2	arcd at 6.50 RM, from the causes and on the date stated above 3B. ADDRESS 23C. DATE SIGNED 4509 Liberty Heights Ave.
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial  Dec. 24, 1953  Baltimore C  DATE RECEIVED BY LOCAL REGISTRAR  REGISTRAR'S SIGNATURE	emetery Baltimore, Md.  State)  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS

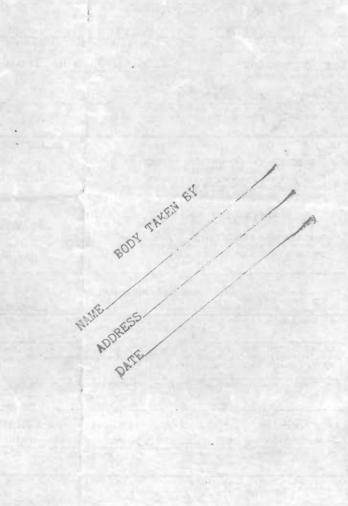
VS 150



M	_	4	6	0
M	3	34		

Registered No.3 11334

E J		NAME OF D	FCFASED					2. DATE		
-ci	(T	ype or Print)		er. Th	omas Joseph			0.5	cember 2	2. 1953
pplie		PLACE OF DE Baltimore C			J. 1000 000 0012	4. USUAL RE	SIDENCE (W	here deceased lived	. If institution	
on should be carefully supplied clearly and legibly.	HC	FULL NAME SSPITAL OR STITUTION	OF (If not in hospit	al or institu	ion, give street address or location)		own (If	outside corporate li	mlts, write RU	
y.	4		St.	Joseph	's Hospital	Baltimo	ore	71	3	township)
caref	-	Langth of s	tay in Baltimore		Yrs. Mos. Days	D. STREET AD		rural, give (coation)	7. E.	
d d	-	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF B	Ostend S	9. AGE (In years	If Under 1 Year	Il Under 24 Hours
ıld an		Male	White		VED, DIVORCED (Specify)	1/26	1,887	last birthday)	Months Days	Hours Min.
shou	10	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR	11. BIRTHPLA	CE (State of fo	preign country)	12. CITIZ	EN OF T COUNTRY?
on s		Car Inspe	ector	Balto.	& Ohio Railro	ad Maryla	and		WILA	COUNTRIT
atic	13	FATHER'S	IAME )	, ,		14. MOTHER'S				
NDING information s of death cle		Home	es mill	er		ann	a) 1.	niller		
BINDING of inform uses of dea	15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN		•	ADDRESS	
of joses						This -	- > The	eler	Ho	
Sa H E		18. /54.	X I SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH	V			AND DEATH
VED FOR Every item			LEADING TO DEA	TH	Tnte	estinal ob	structio	on		
JD ver		heart failu	re, asthenia, etc. It mes	ins the diseas	se,	w. 146. 146. <del>444. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.</del>	M.X4 M.X.X. M.A.	SAA		***************************************
Ever write					1.) DOE 10					1
	-		ANTECEDENT CAUS	SES	Wol	vulus				1
RESERVED INK. Ever please write	TION	DISEASES	OR CONDITIONS, I	F ANY, GIVI	NG TOTAL	***************************************		*******************************		• ****************
5		UNDERLY	ING CONDITION LA	AST.		nocarcinom	a. recti	ım		
GIN	O.F.									
MARGIN I UNFADING Physicians: I	RTIFICA	OTHER SIG	NIFICANT CONDITIONS	CONTRIB	UTING					
P IN	CEF		DEATH BUT NOT	3 IT.	Mec.	kel's dive	rticulum	a		
<b>1</b> -4		19A. DATE O		9B. COND	TION FOR WHICH O	PERATION		TION WAS RELATE	TAL C	UTOPSY?
WITH rtant.	Y	214 ACCIDE	NT WAS UNDERLY		B. PLACE OF INJURY	(a = 1 = -1 210 M	PARTIC	OR PART II	YES	
6	EDICAL	OR CONTRIE	SUTING CAUSE OF	about	home, farm, factory, street, office		Y OCCUR?	(11 In Baltimore C	ity, give exact	, 1002 01011)
	Σ	21D. TIME (	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		OW DID INJ	IURY OCCUR?		
AIN		OF INJURY		m.	WHILE AT NOT WHI					
TE PLAIN especially		22 I haugh	as contifes that I at	tanded the	deceased from Dec	ember 13	19 53to De	cember 221	53 that I	last sam the
<u>~</u>		deceased a	live on Dec. 22	1953	and that death occu	rred at 1:00	Dm. from t	he causes and o	n the date s	tated above.
Se		23A. SIGNA		3		23B. ADDRESS				ATE SIGNED
e ii					м. D.	1400 N.	Caroline	Street		22,1953
PLEASE WRITE correct age is esp	2/	A. BURIAL, ON, REMOVAL (S	REMA. 24B. DATE	1-	24c. NAME OF CEMETE	ERY OR CREMATO	DRY 24D. L	OCATION (City, to	wn, or county)	(State)
AS	2	were	- 1/2/2le	153	Holy Can	as)	The	chie I	tegher	recy
J.E.		ATE RECEIVE		'S SIGNAT	URE	25. FUNERAL	DIRECTOR	1 -	ADDRES	0. //
Hő		DEC 23	1953 4- 4	: +	Williams A	1 Je / Bak	ly Ha	va 121	8 hugz	es sk
		VS 150	1 Janes	7000	A LECTRONAL S	W 0 0	1 -		/	1

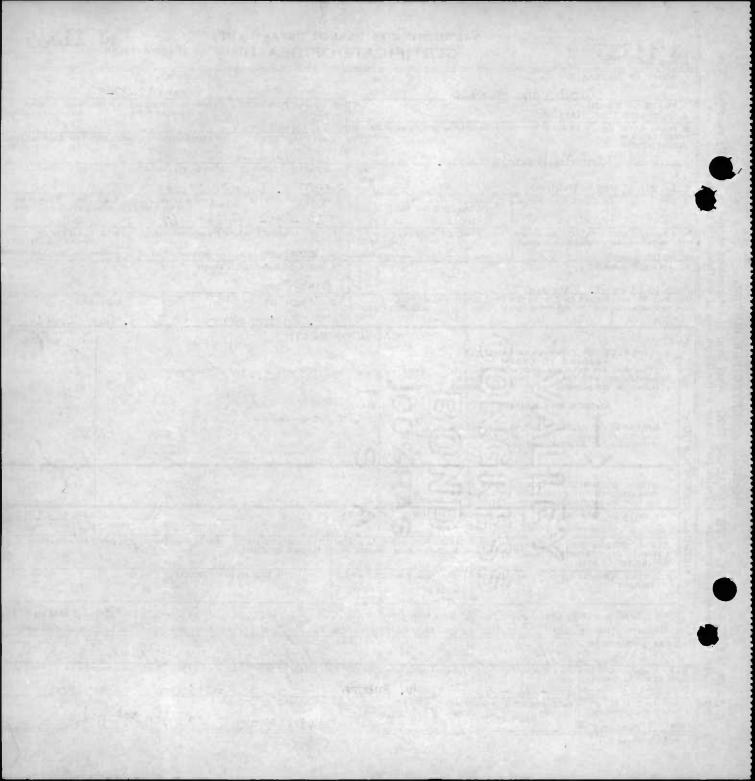


BIRTH NO.  1. NAME OF (Type or Prin	3
3. PLACE OF	
B. FULL NAM HOSPITAL O INSTITUTION	R
c. Length o	fs
F.SEX	
10A. USUAL work done during m	
None 13. FATHER:	S I

# BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11335

B	IRTH NO.			CERTIFICATI	OF DEATH	Tregistered		
1	NAME OF D			W		2. DATE		
11_		Sarah Jane	Manoko	0		DEATH 12-2		
3	Baltimore (	EATH: City, Maryland			4. USUAL RESIDENCE (	Where deceased lived.  B. COUNTY	If institution: residence before admission)	
В	FULL NAME		al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN (I	f outside corporale li	nits, write RULA, and give township)	
1	.0	Lincoln Memor	ial Ho	sn.	Baltimore	16	2 township)	
1				Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)		
С	. Length of s	tay in Baltimore		Days	1529 W. Lanval			
5	. SEX	6. COLOR OR RACE	7. SINGLI WIDOW	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under I Year H Under 24 Hours Months; Days Hours Min.	
	F	C	Sing	le	12 - 5 - 86	67		
1 wo	10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired)			11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
	None				Maryland			
1	3. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME		
	William	H. Manokoo			Leah Jane			
1	5. WAS DECEASE	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
110	No.	(11 yes, give was or date	I DE BOI VICE	SECURITY NO.	ATT. Josiah Hen	mv 15 S	. Gay Street	
-	1B. 17A	V		CAUSE	OF DEATH	1.) ()	INTERVAL BETWEEN	
	1 //	SE OR CONDITION	DIRECTI V		1 1	. /	ONSET AND DEATH	
		LEADING TO DEAT	ГН		Comme of 15	nos A	-	
	heart failu	re, asthenia, etc. It mea	ns the diseas	se,	J-1001	·· {		
	injury or	complication which e	aused death	a.) DUE TO				
		ANTECEDENT CAUS	ES	(1	-h		19	
No.	DISEASES	S OR CONDITIONS, II				***************************************		
IE	RISE TO T	HE ABOVE CAUSE (A)	STATING TI	HE DUE TO			7	
10				(C)				
ERTIFICATION		11	A			Herman T		
12	OTHER S	IGNIFICANT CONDI						
	TO THE O	ISEASE OR CONDITION						
	19A. DATE C	F OPERATION 1	9в. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
							YES NO	
MEDICAL	CAUSE OF		about home,	ACE OF INJURY (e. g., i farm,factory,street,office bldg.,		(If in Baltimore City	y, give exact location)	
1	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR		Y OCCUR?		
1	OF MUSCICI		m.	WHILE AT NOT WHILE				
	22 I harah	y certify that I att	anded the		2 195 70	12-2219	5, that I last saw the	
		live on 2 - 5.2	. ~	and that death occur	10 /n		the date stated above.	
	23A. SIONA		, 10,2,4		3B. ADDRESS	// //	23c. DATE SIGNED	
	1 ann	alu TV	10-01	led M. D.	86/ HA	show the	1 (5-23-6)	
2	AA. BURIAL.	CREMA- 248 DATE	3	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	LOCATION (City, to	wn, or county) (State)	
1	Burial	12 - 24	- 53	Mt. Aubur	n Be	altimore	Maryland	
	DATE RECEIVE	D BY   REGISTRAR			25 FUNERAL DIRECTOR		ADDRESS	
1	OCAL REGIST	1 1 100	Levelle	~ 1 18MM	Lewis Henry	1307 Mad	ison Ave	
=	1503 EVS 1503		- 67		and the first of the first of	201		



K-	6	5	6	
ВІКТН	30	36		

Registered No.3 11336

Ę,	BIRTH-NB20	
	1. NAME OF DECEASED (Type or Print) Karner, Mrs. Daisy	2. DATE OF /2 /2 3 / 5-3
ıpplie	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, it institution: residence A. STATE B. COUNTY before admission)
ly su	B. FULL NAME OF (If not in hospital or institution, give street address o location INSTITUTION	
ful ly.	St. Agnes Hospital	Baltimore /
care	c. Length of stay in Baltimore  Life Mos. Days	
ıld be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married)	8. DATE OF BIRTH 9. AGE (in years if Under 1 year last birthday) 6/17/89  19. AGE (in years if Under 1 year last birthday) 6/17/89  Hours Min.
on should be carefully supplied clearly and legibly.	10A. USUAL OCCUPATION (Givehiod of work done during most of working life, even if retired)  INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ion n cl	Housewife at Home  13. FATHER'S NAME	Md. BALIMORE USA
NDING information s of death cle	William Daves	Pamie Miles
R BINDING	(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL (16. SECURITY NO.	17. INFORMANT St. Agnes Hospital Records
MARGIN RESERVED FOR I UNFADING INK. Every item Physicians: please write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	of DEATH bro-Voscular Senarthay  partensian, Essential  alutes Millitus
H-1	194. DATE OF OPERATION 198. CONDITION FOR WHICH C	PERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF OBATH, ENTER IN PART I OR PART II OR PART II
WRITE PLAINLY, WITH	V 21a. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., io or 21C. WHERE DID (If in Baltimore City, give exact location)
AINL Illy im	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT NOT WH WORK AT WO	ILE TO THE TOTAL PROPERTY OF THE PARTY OF TH
E PL	deceased alive on 23, 1933, and that death occur	C 22, 1953, to Sec 23, 1953, that I last saw the arred at 63 Am., from the causes and on the date stated above.
WRIT e is	23A. SIGNATURE M.O.	23B. ADDRESS JOEP 23C. DATE SIGNED
PLEASE W		ark been. 380/ Frederich Gree
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE, LOCAL REGISTRAR	John Lowan + Son Hollins
	VS 150	

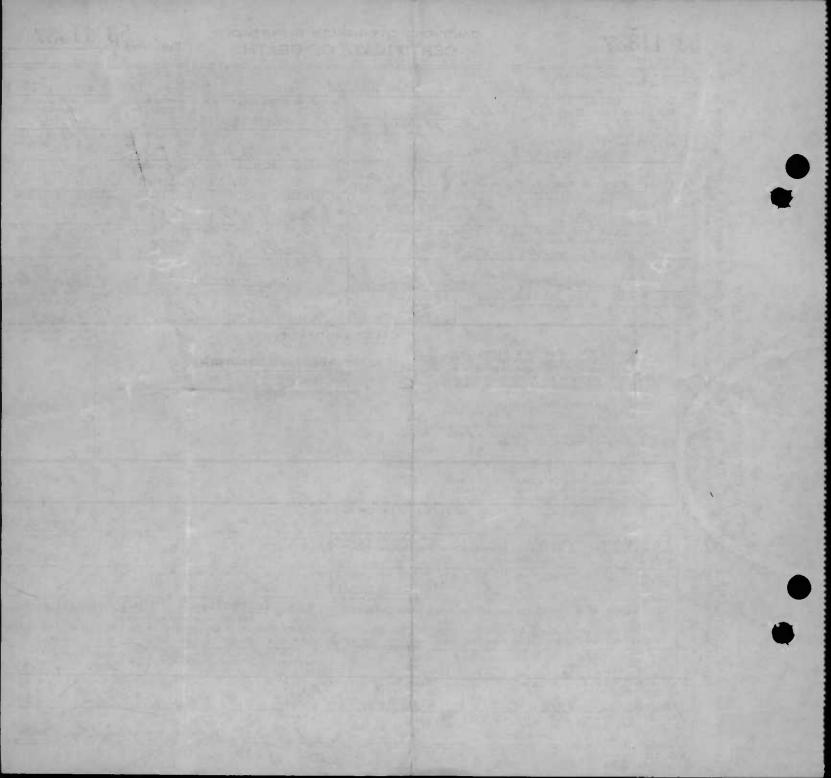
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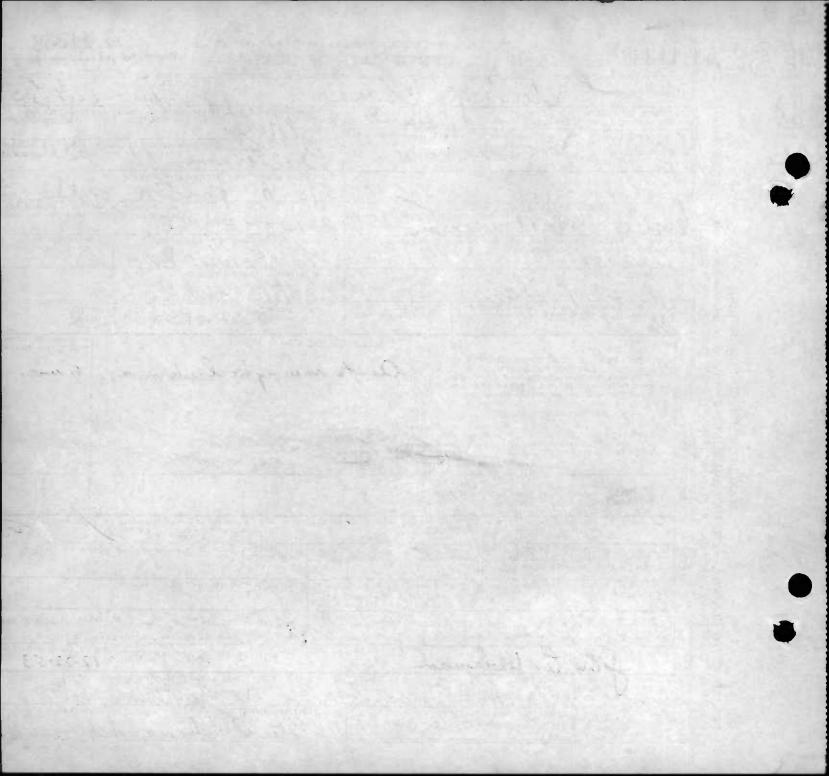
# BALTIMORE CITY HEALTH DEPARTMENT

11337 BIRTH NO.	CERTIFICATE	OF DEATH	Registered N	TIOOI
1. NAME OF DECEASED (Type or Print)  JOHN	BOWINKELM	f A <b>N</b>	2. DATE OF DEATH Dece	mber 20, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland Balts	City.	4. USUAL RESIDENCE (Wh		1 1 1 1 1
HOSPITAL OR INSTITUTION	ution, rive street address or location)		utside corporate limite,	write BORAL and give
University Hospita	Yrs.	Baltimore D. STREET ADDRESS (If ru	ral, give location)	
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SING	Mos. Days	204 S. Par		Under 1 Year   If Under 24 Hours
	WED, DIVORCED (Specify)	Stray.19.1878		ths Days Hours Min.
TOA. USUAL OCCUPATION (Give kind of tob. KIN work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	M. BURTHLACE State or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Sou Ministel	14. MOTHER'S MAIDEN NAM	NE PANE	Plant
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	L. A.D.	DDRESS 1937
18. 33/1	CAUSE C	OF DEATH	Toward (	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL	Y	rovascular <b>acci</b> dent		ONSET ANO OEATH
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase, (A)	0,000	••••••••••••••••••••••••••••••	
ANTECEDENT CAUSES	(8)			
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.			***************************************	
LICA I	(C)		••••••••••••••••••••••••••••••	
OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE OEATH, BUT NOT RELA TO THE OISEASE OR CONDITION CAUSING	TEO			
U 19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
	LACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e		in Baltimore City, gi	1
Z 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
22. I certify that I took charge of th		bove, held an Inspection	on & Inquiry	. thereon and from
the evidence obtained by said Au and death in my opinion resulted	topsy, Inspection or I from: natural causes	nquiry, find that said dec [X, accident ], suicide [	cased died on the	idetermined [].
232 SIGNATURE Q. On line		23B. CHIEF MEDICAL EX ASSISTANT MEDICAL EX D. MEDICAL INVESTIGATO	R D	ec. 21, 1953
1100 REMOVAL (Specify)	GOTTIMAL	PULL 245. LOS	nthank.Ex	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR	1 3125 46	abbress ask,
VS 151 is		1011	0	1/



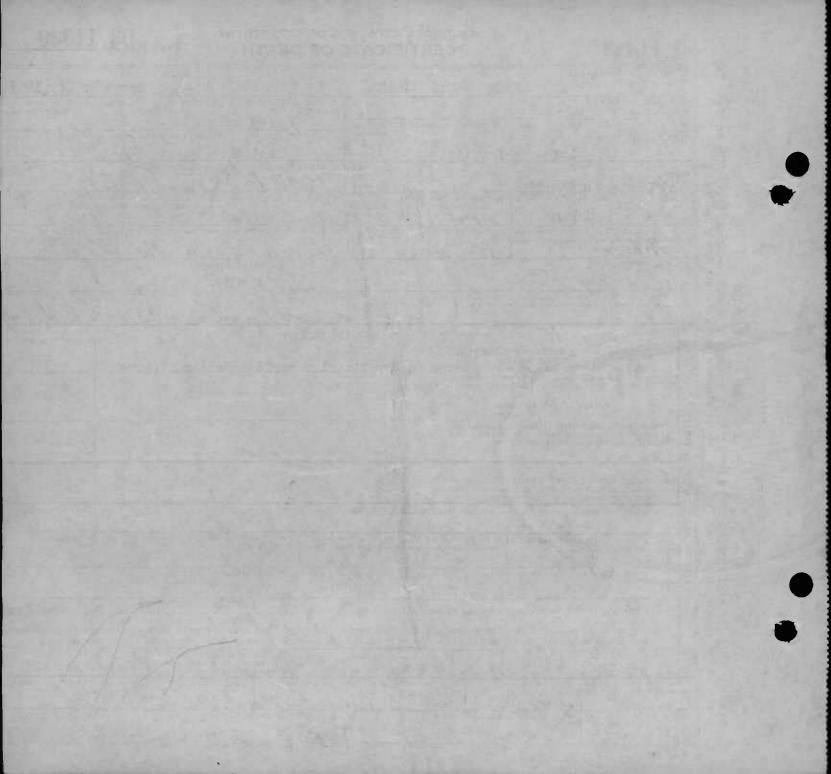
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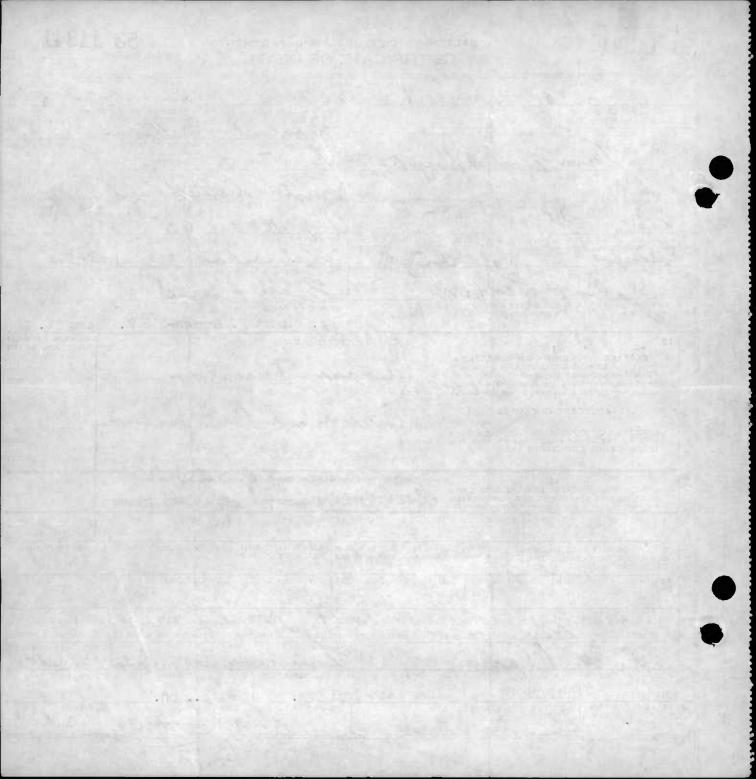
a)	53	B-2-10 3 11340	BALTIMORE CITY HE		_	gistered No.	1340
ed. The	1.	NAME OF DECEASED  ype or Print)  Virginia	Bishop		2. DATE OF DEAT	1.	12-53
supplie	В.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or in	nstitution, give street address or	4. USUAL RESIDI	ence (Where deces	ased lived. If inst COUNTY	tltution : residence before admission)
fully a		estitution Hospital	of Balt Inc.	c. CITY OR TOWN	Im re	4 19	rite RAL and give township)
e care	Street Street	Length of stay in Baltimore SEX   6.COLOR OR RACE   7.S	Yrs. Mos. Days	B. DATE OF BIRTH	Fremon	t av	or 1 Year   It Under 24 Hours
should be carefully supplied. early and legibly.			/IDOWED, DIVORCED (Specify)	Oct 9 19	734 last b	irthday) Month	Bays Hours Min.
	worl	k done dyring most of working life, even if retired)	INDUSTRY	Uirgin 14. MOTHER'S MA	IDEN NAME		WHAT COUNTRY?
DING nformation of death cl	15	Llonard Bisho		Lucy 17. INFORMANT	Evan	\$ ADD	RESS/
BIN of i	(Ye	(If yes, give war or dates of ser	SECURITY NO.	Lucy OF DEATH	Massey	71891	INTERVAL BETWEEN
FO ite		DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dying)	ng, c.g., (A)	baracuo	ed hen	norrha	12 ls
RESERVED HINK. Every please write the		heart failure, asthenia, etc. It means the injury or complication which caused  ANTECEDENT CAUSES		time of of	Berry a	nerrys	m
NG INK.	CATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.		cle of	Willis	70.	
MARGIN UNFADING Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT	TRIBUTING ED TO THE				
ht .	AL C		CONDITION FOR WHICH OF PERFORMED		IF OPERATION WAS CAUSE OF DEATH PART I OR PART	, ENTER IN	20. AUTOPSY?
ILY, WITH important.	MEDIC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY ( about home, farm, factory, street, office	e.g., In or 21C. WHEF bldg., etc.) INJURY O	RE DID (If In Balt CCUR?	timore City, giv	e exact location)
LAINLY,	-	21D. TIME (Month) (Day) (Year) (House OF INJURY	m. WHILE AT NOT WHILE	,E	DID INJURY OCC	CUR?	
			53, and that death occur	red at 636 am		s and on the	that I last saw the date stated above.
PLEASE WRITE P	2.	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	unaky M. D. S	38 ADDRESS	to & pit	City, town, or	23c. DATE SIGNED  12-22-53  Equation (State)
LEASE rrect	D	ATE RECEIVED BY REGISTRAR'S SIG	GNATURE STATE	25. FUNERAL DIR	CONTRACTOR	r, 1/1	DDRESS 322/
I S	=	OCAL REGISTRAR VS 150	- Williams M	Mrs Katu	R-William	s Si	brocker St
		0	720	STA			

NOT A MEDICAL EXAMINER'S CASE

Willia World Min

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Squality winding



item of information should be carefully suppose causes of death clearly and legibly.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospits OSPITAL OR NSTITUTION  St. Agnes  Length of stay in Baltimore SEX 6. COLOR OR RACE W  A. COLOR OR RACE W  S. FATHER'S NAME  Ira Gill  S. WAS DECEASED EVER IN U. S. ARMEE ON, no or nnknown)  (If yes, give war or dates known  Unknown  18.	Yrs. Mos. Days  7. SINGLE, MARRIED WIDOWED DIVORCED (Specify)  10B. KIND OF BUSINESS OR INDUSTRY	a. STATE Md. c. CITY OR TOWN  D. STREET ADDRESS (I Uppercoe,  B. DATE OF BIRTH  8/23/1900  II. BIRTHPLACE (State or Md.)  14. MOTHER'S MAIDEN N	If outside corporate limits, write if rural, give location)  Md.  9. AGE (In years last birthday) Months Day foreign country)  12. CIT	RURAL and give township
item of information should be the causes of death clearly and less of a single of the	St. Agnes  Length of stay in Baltimore  SEX  6. COLOR OR RACE  Female  W  OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Nurse  For Hesting has a Gill  S. WAS DECEASED EVER IN U. S. ARMEE (If yes, give war or dated known)  Unknown	Iocation) Hospital  Yrs. Mos. Days  7. SINGLE, MARRIED WIDOWED DIVORCED (Specify)  10B. KIND OF BUSINESS OR INDUSTRY	c. CITY OR TOWN  D. STREET ADDRESS (I Uppercoe,  B. DATE OF BIRTH  8/23/1900  II. BIRTHPLACE (State or Md.  14. MOTHER'S MAIDEN N Jennie	9. AGE (In years last birthday) Months: Da foreign country) 12. CIT	townshir  at Hillinder 24 Hours Ays Hours Min
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item of a causes	known Unknown Unknown		17. INFORMANT		
item of causes				ADDRES	s
item item	18	-	St. Agnes Hos	pital - Baltimore	ERVAL BETWEE
RESERVED INK. Ever please write	(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complete the second se	ns the disease, aused death.) OUE TO  SES  FANY, GIVING STATING THE DUE TO	1 ( f. , 0 l	1 77	4 WEEKS
MARGIN UNFADING Physicians: CERTIFICA	UNDERLYING CONDITION LA	atele	a Phiasis, Chi	wereng Right	ea live
MA INF hysi	TO THE DEATH BUT NOT P	RELATED TO THE		U	***************************************
H 1	11-24-53 - "	98. CONDITION FOR WHICH OF	tis CAUSE PART I	OF DEATH, ENTER IN YES	
E   0 .	21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	about home, farm, factory, street, office		(If ln Baltimore City, glve ex	act location)
LAINLY cially imp	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21e. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	K .		
E PH 9	22. I hereby certify that I att deceased alive on 12-23	ended the deceased from //			
IS is	23A. SIGNATURE S. F.	Nguelden M.D. 2	2 East REG	ed Sheet 12:	DATE SIGNED
SASE ect ag	Burnol Specify Dec. 27/	53 St. Paul	13	Paltimore lo	
PLI	ATE RECEIVED BY REGISTRAR	1/1/11/11	25. FUNERAL DIRECTOR	Legra Rustenstown	- /
EASE WRITE F	4A. BURIAL CREMA- 24B. DATE ON REMOVAL (Specify) ATE RECEIVED BY REGISTRAR	1925, and that death occur  Agriculture M.D.  24C. NAME OF CEMETE  53  S SIGNATURE	23B. ADDRESS TECH	LOCATION (City, town, or coun Baltimne Co	DATE  DATE  Ly)  ESS

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LOCAL REGISTRAR

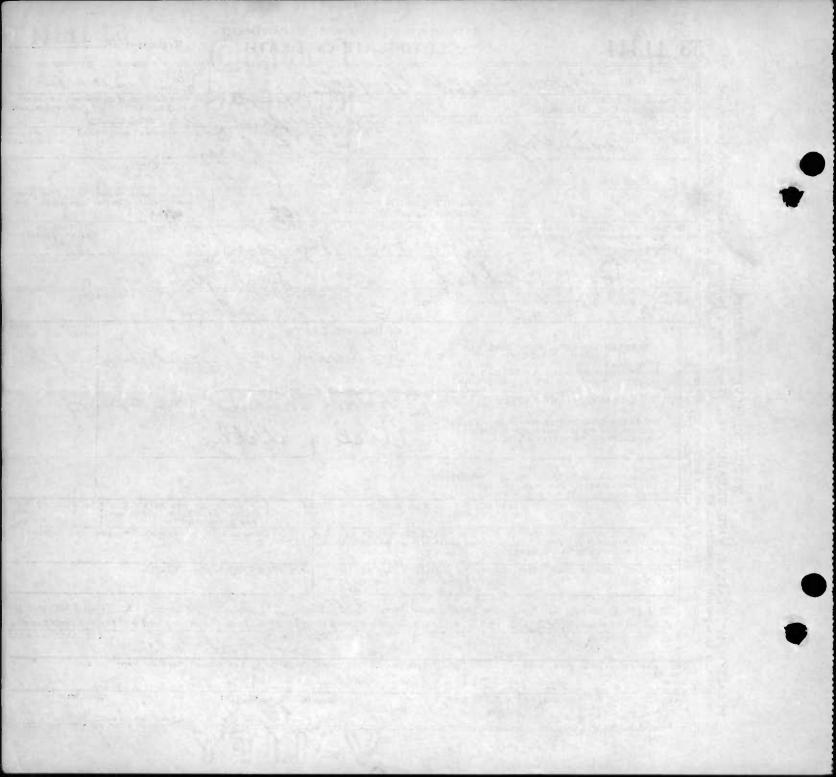
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(If rural, give location) 9. AGE (ln years last birthday) If Under 1 Year Months Days Hours Min. ACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ITHUANIA your ADDRESS INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21c. WHERE DID (If in Baltimore City, give exact location 21F. HOW DID INJURY OCCUR? ., that I last saw the and that death occurred at 540 m., from the causes and on the date stated above. 23c. DATE SIGNED DDRESS 25. FUNERAL DIRECTOR

before admission)

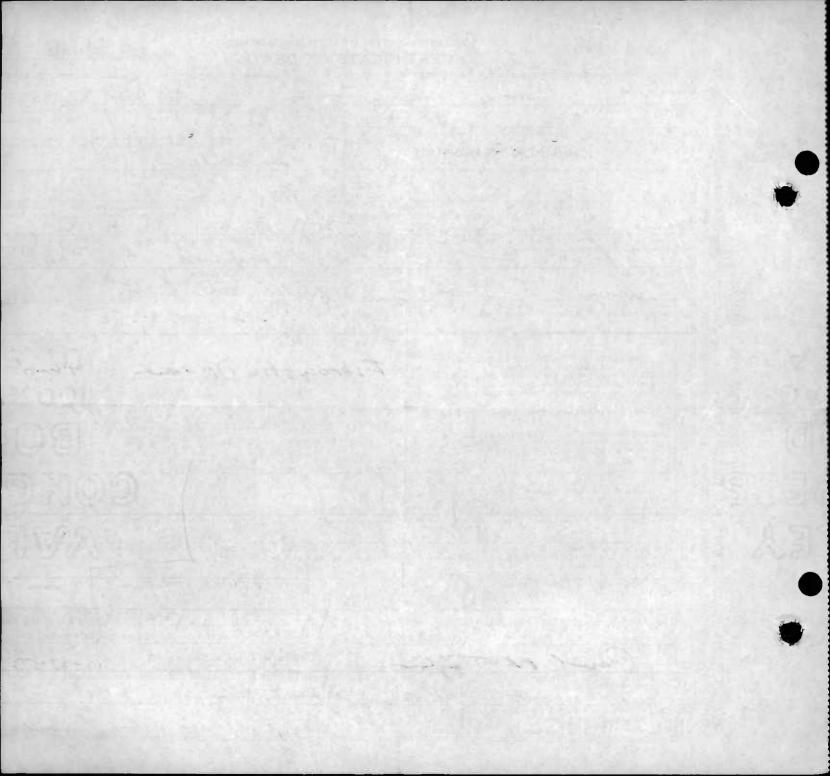
See query reply in Document file.

The	M-5/6 BALTIMORE CITY HE CERTIFICATE CERTIFICATE	. /
1.	NAME OF DECEASED Type or Print) MARY HELEN MUMF	FORD   2. DATE OF DEATH 12/22/53.
dd A.	B. PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution: residence  A. STATE  B. GOUNTY  before admission)
11y	NSTITUTION Was Hop.	C. CITY OF TOWN (If outside corporate limits, write RURAL and give township)
carefully legibly.	Yrs. Mos. Length of stay in Baltimore 12 Days	Poute #3.
ld ld	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Under I Year last birthday) Months: Days Hours Min.
S C WOL	OA. USUAL OCCUPATION (Give kind of the local property of the local part of working life, even if retired)  TO MES L. C.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY!
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  LA WILLIAMSON
To (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
G INK. Every item of its please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLY MING CONDITION A LAST	heach word Hemorrhay 14 lay assure Carelial Edente.  able Congental Causages of Willis
UNFADING Physicians: 1 CERTIFICAT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Brainly
let 1	194. DATE OF OPERATION 198. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO 20. AUTOPSY?  CAUSE OF DEATH, ENTER IN PART I OR PART II
LY, WITH important.	OR CONTRIBUTING CAUSE OF about home, farm, factory, atreet, office	e. g., in pr bldg., etc.) INJURY OCCUR?
LAINLY,	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY  WHILE AT NOT WHILE AT AT WORK AT WORK	LE
RITE P	22. I hereby certify that I attended the deceased from 12 deceased alive on 122 5, 19 and that death occur 23A. SIGNATURE 2	11/53 19, to 12/22/53, 19, that I last saw the
t age	24A. BURIAL, CREMA 24B. DATE 7 34C. NAME OF CEMETE 10H. REMOVAL (Specify) 12-2658 WICOMICO M	EMORIAL WICOMICO County Md.
PLEA	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	vs 150	POFA



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The	) (	3 11345 RTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Re	53 11345 egistered No
	1.	NAME OF DECEASED	M. Sheehaw 2. DAT OF DEAT	11100 73 1953
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland 531	8 Hendley Road A. STATE B. C.	
dy su	H	FULL NAME OF (If not in hospital or in OSPITAL OR ISTITUTION	nstitution, give street address of location) C. CITY OR TOWN (If outside co	rporate limits, write RURAL and give township)
ark gibly.	_	- 60 ×	Yrs. D. STREET ADDRESS (If rural, gird	
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ion sl		done during most of working life even if whired)  ATHER S NAME	W Home Saltimore &	nd WHAT COUNTRY?
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of info	(Ye	6. WAS DECENSED EVER IN U.S. ARMED FORG (11 yee, give war or dates of serv	CES? 16. SOCIAL 17. INFORMANT SECURITY NO. Charles C. Shell	ru 4 806 Booksky
em of i		18. 420.0 DISEASE OR CONDITION DIRE	CAUSE OF DEATH	INTERVAL BETWEEN
Every item write the cau		(This does not mean the mode of dyin heart failure, asthenia, etc. It means the	ng, e.g., (A) Coronary Occlusion, Acute	Sudden
		injury or complication which caused  ANTECEDENT CAUSES		
INK.	TION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT		3 Yrs.
ADING icians:	1	UNDERLYING CONDITION LAST.		
UNFADING Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT		About
-	U	TO THE DISEASE OR CONDITION CAU		5 yrs.
LY, WITH important.	EDICAL		B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltithome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	imore City, give exact location)
	M	21D. TIME (Month) (Day) (Year) (House	r) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR	7
PLAI: ecially			m. WHILE AT NOT WHILE AT WORK	10 52.1
		22. I hereby certify that I attende deceased alignon Oct. 28, 19	53, and that death occurred at 10 9 m., from the cause	s and on the date stated above.
PLEASE WRIT		23a. SIGNATURE	M.D. 238. ADDRESS 1 Mallow Hill Ave	12/23/53
PLEASE W	TI	4A. BURIAL, CREMA- 4B. DATE ON TEMOVAL (Specify) (OLA) 26.19	53 New Cathedral Baltin	(City, town, or county) (State)
PLE	To h	ATÉ RECEIVED BY REGISTRAR'S SIC	SNATURE 25. FUNERAL DIRECTOR	Edwordson are.
		VS 150	Jones Venger Son	The moon (MK.

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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11347

Registered No. 1. NAME OF DECEASED 2. DATE OF Anna May Moore DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RORAL and give INSTITUTION 2468 Greenmount Ave. Baltimore ibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2468 Greenmount Ave. c. Length of stay in Baltimore Days should be 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) Months; Days Hours Min. 5. SEX 6. COLOR OR RACE 10/4/198 Married clearly 10A. USUAL OCCUPATION (Givekiodof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even If retired) INDUSTRY WHAT COUNTRY? Housewife Home Baltimore, Md. information death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Zinkand Henrietta Graef 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or onknown) (If yes, give wer or dates of service) of 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or onknown) SECURITY NO. causes John F. Moore 2468 Greenmount Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from 12-21 1953 to 12-22, 1953 that I last saw the deceased alive on 12-21, 1953 and that death occurred at 5.8. m., from the causes and on the date stated above. 23A. SIGNATURE 23B, ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B, DATE 12/26/53 Burial Holy Cross Ritchie Balto 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR JOHN F. DENNY, INC. 715 Light St.

RESERVED

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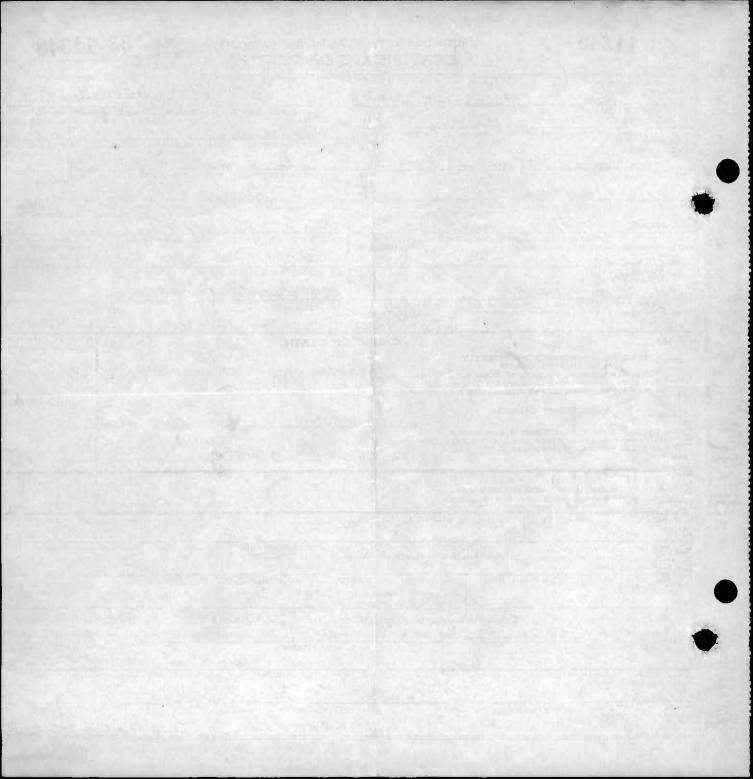
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Every item of information should be ca. ally supplied	s: please write the causes of death clearly a
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ITH UNFADING INK. E.	Physician
ITH	int.

5-530

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11348

B	IRTH NO.	
	NAME OF DECEASED (Type or Print)	2. DATE DEC 22, 1933
3	PLACE OF DEATH:	DEATH    4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A	Baltimore City, Maryland Quen Men. His b.	A. STATE B. COUNTY before admission)
B	FULL NAME OF (If not in hospital or institution, give street address of ospital or institution, give street address of location national street address of s	
"	The Union Weneral Hosp.	Padd township)
-	Yrs.	D. STREET ADDRESS (If rural, give location)
c	Length of stay in Baltimore 76	7105 01
	. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BARTH   9. AGE (in years) if Under 1 Year   If Under 24 Hours
1	Emale White Widowed (Specific	Qua 29 1877 76 Months Days Hours Min.
10	DA. USUAL OCCUPATION (Givekinder) 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
WOI	k done during most of working life, even if retired)	Balka Md WHAT COUNTRY
1:	BAFAFASIS NAME	14. MOTHER'S MAIDEN NAME
	INTLIFAME BIELLA	MARCELLINE MANSFIELD
13	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	
(Y	se, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	
-		- Sololing Harring
	7 0-0 0	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	enderen in Anderson To Nea 21/-
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	arame or reason sector sec 1
	injury or complication which caused death.)	it disease Dec 22
_	ANTECEDENT CAUSES	that Mascular Recedent
TION	DISEASES OR CONDITIONS, IF ANY, GIVING	war vermon accreen
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	10 10
Ö	(C)	pereuser.
11	The state of the s	
ER	OTHER SIGNIFICANT CONDITIONS CON-	
ΰ	TO THE DISEASE OR CONDITION CAUSING IT.	
AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	
DIC	21a. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g.,	in or   21c. WHERE DID (If in Baltimore City, give exact location)
MED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURPOF INJURY	RED 21F. HOW DID INJURY OCCUR?
	m. WHILE AT NOT WHILI	
	22. I hereby certify that I attended the deceased from DE deceased alive on DEC. 22, 1953, and that death occu	urred at 8 07 Pm., from the causes and on the date stated above.
	23A, SIGNATURE	23B. ADDRESS
	Haul M. alecce M.D.	Junion Memoreal Nosp 12/22/53.
2 TI	BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMET	ERN OR CREMATORY 24D. LOCATION (City, Lown, or county) (State)
	Durial 1/1/1/53 orondon	Jack Dall md
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 PUNERAL DIRECTOR ADDRESS
	DEC 24109314 4 4 MIN . NO	Gernand & Kuck S305 Harring
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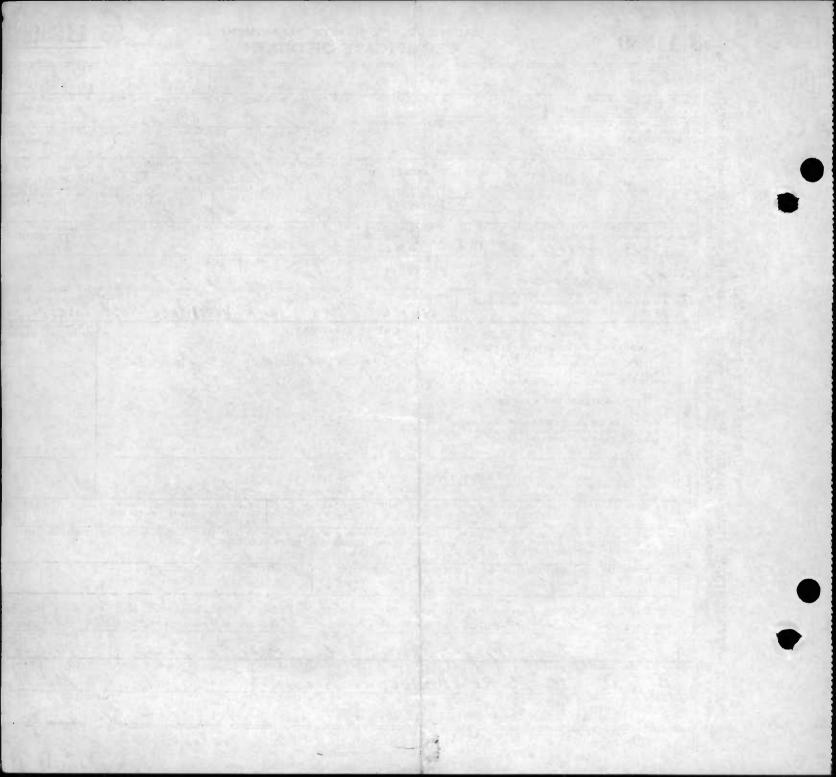
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO . NAME OF DECEASED 2. DATE (Type or Print) OF DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY A. SI before admission) B. FULL NAME OF (If not in hospital or institution HOSPITAL OR (If outside corporate limit gavrite RULAL and give INSTITUTION gibly. (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 6. COLOB OR RACE AGE (In years last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) raines clearly 10A. USUAL OCCUPATION (Give kind of work done during most of forking life, even if retired) LACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY information death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) 18.420.1 INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) H) 12 - 1 - 11:40 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. DICAI 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY ecially NOT WHILE! WHILE AT AT WORK 1939 to 12/23 10/15 \_, 1953, that I last saw the 22. I hereby certify that I attended the deceased from\_ 1953, and that death occurred at 5.34/ deceased alive on 12/23 m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED Engm N 2324 24A. BURIAL, CREMA-TIONAREMOVAL (Specify) ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATUR VS 150

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BALTIMORE	CITY	HEALTH	DEPARTMENT	
CEPTII	FICA	TE OF	DEATH	

Registered No. 11350

The	BI	TH NO.
F		IAME OF DECEASED 2. DATE OF 12/23/53
ed.		Cuzare to facility facility DEATH
should be carefully supplied early and legibly.		A. USUAL RESIDENCE (Where deceased lived, If institution: residence altimore City, Maryland  A. STATE  B. COUNTY  Before admission)
ins	В.	ULL NAME OF (If not in hospital or institution, give street address or   /// Balto.
ly l	IN	OPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
F. Fall		University Hagerta Parkville
are gib]		Yrs. D. STREET ADDRESS (If rurai, give location)
le c		ength of stay in Baltimore (0. Days 9008 Kase held 1 Er. Delador of
d b	5.	6. COLOR OR RACE 7. SINGLE MARRIÉD. B. DATE OF BIRTH 9. AGE (In years If Under 1 Year Min. Months: Days Hours Min.
oulc ly g		F W 21 30,184 59
she	work	USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
cle		House Wife AI Home MA. USA
ati	13	FATHER'S NAME
NG rmatic death		the Burton Rancy / 299
BINDING of information uses of death cl	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 17. INFORMANT ADDRESS
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rE PLAI		22. I hereby certify that I attended the deceased from 12/23, 1853, to 12/23, 1953 that I last saw the
		deceased alive on 12/25, 1953, and that death occurred at 22 km., from the causes and on the date stated above.
RIT is e		23A. SIGNATURE 23C. DATE SIGNED
WRITE		J. W. Olgin, p. M.D. Unwersety Happ. 12/23/53
田 ぬ	24	BURIAL, CREMA: 24B. DATE 24C NAME OF CEMETERY OR CREMATORY 249. LOCATION (City, town, or county) (State)
AS		PURIAL 12-16-33 MOKELAND MEMORINA DALLO. Ma.
PLEAS		TE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS
F 2		FINANCHAS TO SON
		VS 150 QE 0.2 Harfard Rd

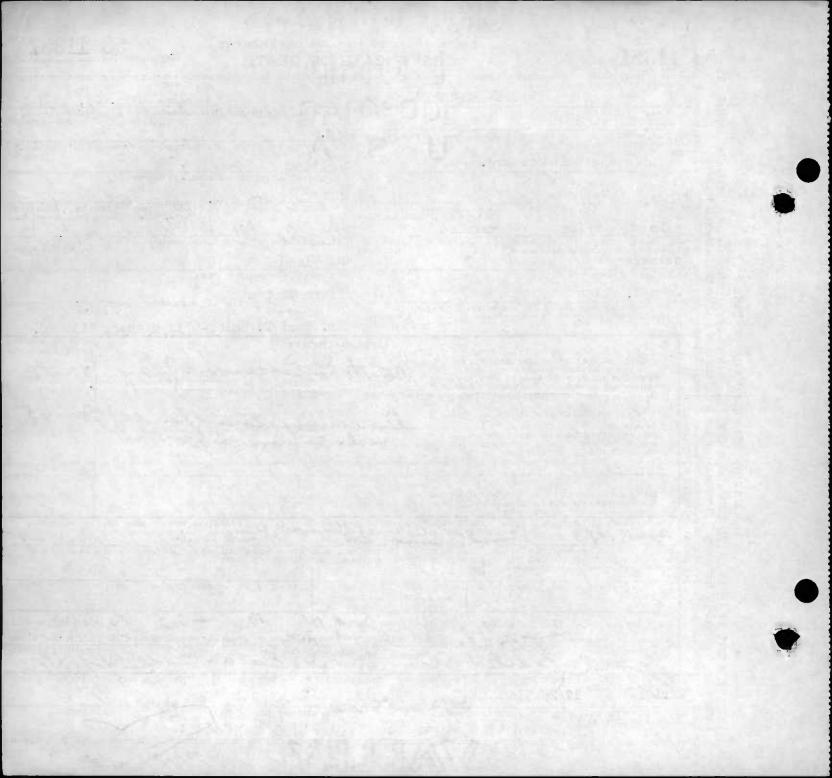


N-460

# BALTIMORE CITY HEALTH DEPARTMENT

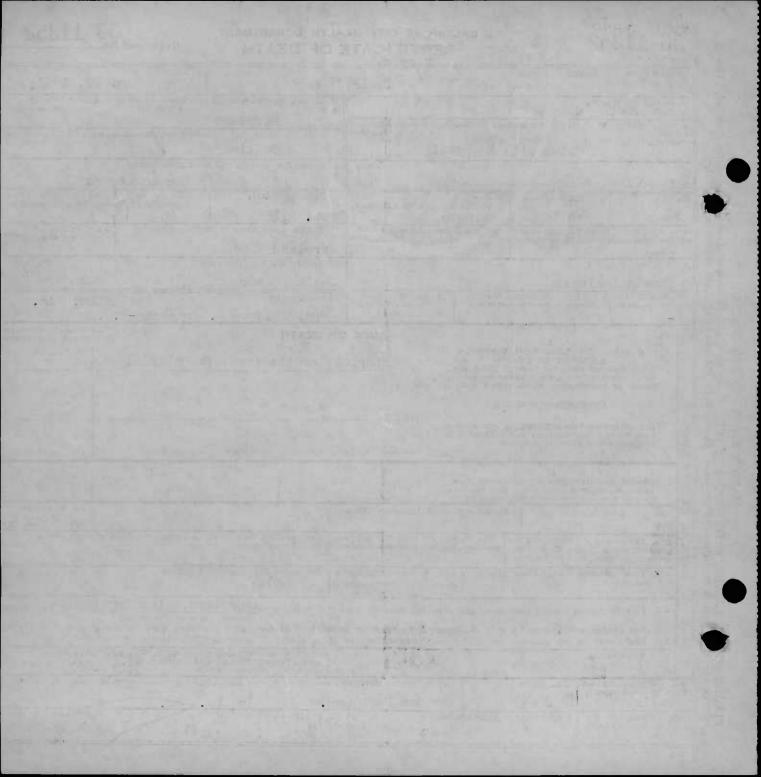
53 11351

\$ 11351 BIRTH NO.	CERTIFICATE	OF DEATH	Registere	d No.
1. NAME OF DECEASED (Type or Print) WALTER	SCOTT UHLER		2. DATE OF DEATH DE	c. 23. 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (VA. STATE		
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION 814 Whitmore Ave.	stitution, give street address or location)	Md. c. CITY OR TOWN (II Baltimore	outside orporate iii	miss write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	o. Street Address (If Slil Whitmore Ave	rural, give location)	
WI	ngle, MARRIED, DOWED, DIVORCED (Specify) rried	JUNE 30, 1905	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
John C. Uhler 15. WAS DECEASED EYER IN U. S. ARMED FORCE	EST LAG COCIAL	Clara Tarton		
(Yes, no or unknown) (If yes, give war or dates of servi	ce) SECURITY NO	Mr. Paul I. Uhle	n 6727 Wand	ADDRESS
Injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATE.	GIVING (B) Carc GIVING DUE TO NOW!	enomatono + Salmerel	Zland	9-1951
19a. DATE OF OPERATION 19B. CO	ONDITION FOR WHICH OP	CAUSE	ATION WAS RELATED	IN T
212. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		E. in or 21C. WHERE DID	OR PART II (If in Baltimore Ci	ty, give exact location)
21D TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK	E	JURY OCCUR?	
deceased alive on 22. I hereby certify that I attended	the deceased from 3. and that dead occur	14, 19 3, to 0 rot at 2.30 a.m., from t	the causes and or	A, that I last saw the the date stated above
23A SHONATURE 4 3 cerle	N 262 M.D. 2	23/8 Euta	w Place	23c. DATE SIGNED
24A. BURIAL (AEMA- 28. DATE TION REMOVAL (Specify) 12/20/53	MEADOW'S CO	RY OR CREMATORY 24D. L	Rulas	My
DATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR	Edit - F T	28 UNERAL DIRECTOR	lane y	ADDRESS
VS 150		A COLOR	gover,	Sus

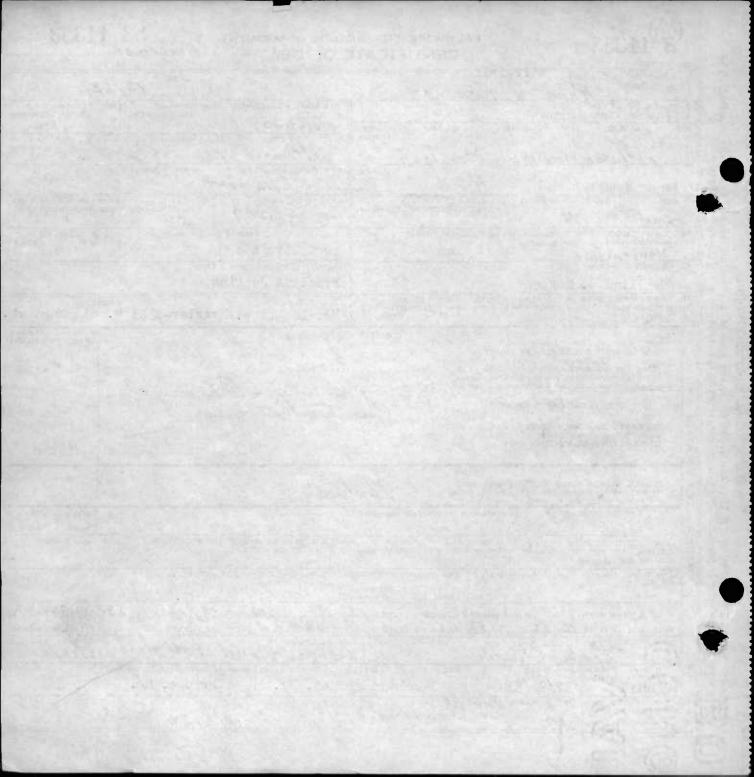


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	PLEASE WR'S PLAINLY, WITH UNFADING INK. Every item of information should carefully supplied. The	egibly.
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11	53 11352	6				ALTH DEPARTMENT	5	3 11352
	BIRTH NO.			CERTIFI	IÇATE	OF DEATH	Registered N	0
	. NAME OF DECE	ACED		Virgin	112		12. DATE	
	Type or Print)	EASED	CARRII	E / I	BEALME	AR		22, 1953
	Baltimore City					4. USUAL RESIDENCE (V	Where deceased lived, If i	nstitution: residence before admission
	FULL NAME OF	(If not in hospit	al or institution		address or location)	Maryland	outside conditate limits	write RURAL and give
1	NSTITUTION	Universit	y Hospit	tal		Baltimor		township
.   -	- 4				Yrs. Mos.	o. STREET ADDRESS (If	rural, give location)	
	Length of stay				Days		ington Boulev	
		COLOR OR RACE	WIDOWI	. MARRIED. ED. DIVORCEI		8. DATE OF BIRTH		under 1 Year   If Under 24 Hours nths Days Hours Min.
-	Female OA. USUAL OCCU	White PATION (Give kind of	Singl	OF BUSINES		Sept. 2,1863	oreign country)	12. CITIZEN OF
	rk done during most of wo				DUSTRY	Maryland		WHAT COUNTRY
1	3. FATHER'S NAM	1E				14. MOTHER'S MAIDEN N	AME	
	Thomas Bea					Julia Hoover		
(1	5. WAS DECEASED E	EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURIT	TY NO.	17. INFORMANT	Arlin	Press Fla.
-	-			no		Mrs. Mildred L.	Creekman-P.	
	18. 422.	1	No.	С	AUSE	OF DEATH		ONSET AND OEAT
	LI	OR CONDITION EADING TO DEA of mean the mode of	TH	A:	rterio	sclerotic cardio	vascular dise	ase
	heart failure,	asthenia, etc. It mes	ins the disease	,		***************************************	***************************************	
		TECEDENT CAUS						
1	DISEASES	R CONDITIONS, I	E ANY CIVIN	(B)	••••••	••••••••••••••••••	•••••	
NOIL	RISE TO THE UNDERLYIN	ABOVE CAUSE (A) G CONDITION LA	STATING TH					
<				(C)	· · · · · · · · · · · · · · · · · · ·			
RTIFIC	OTHER SIG	II NIFICANT CONDI	TIONS CON					
R		THE OEATH, BUT	NOT RELATE	0	·····			
0	19A. DATE OF	DPERATION 1	98. MAJOR	FINDINGS C	OF OPERA	ATION		20. AUTOPSY7
NA.	21A. EXTERNAL	CAUSE WAS		CE OF INJUR			If in Baltimore City, g	ive exact location)
EDIC	UNDERLYING	OR CONTRIB-	ebout home, fa	rm, factory, street,	office bldg., et	(c.) INJURY OCCUR?		
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		nth) (Day) (Year)		1E. INJURY		D 21F. HOW DID INJUR	Y OCCUR?	
			m.	WORK	AT WORK			
	22. I certify	that I took char	ge of the	remains des	cribed a	bove, held an inspect. Autopsy.	ion & inquiry Inspection or Inquiry	thercon and from
	the eviden	nce obtained by	said Autor	psy, Inspect	ion or In	nquiry, find that said d \overline{	eceased died on th	e day stated above
	23ACSIGNATUR		\ A -	om. natura	i cuuses	23B. CHIEF MEDICAL	EXAMINER 23	c. DATE SIGNED
	( Wzen	4.	Jach		М.		OR	
T	100, REMOVAL (Spec	MA 24B. DATE	2	00			OCATION (City, town,	or county) (State)
-	Burial DATE RECEIVED B	12/28/53 Y   REGISTRAR	S SIGNATU	Loudon F	ark C	em.   Balto	2., Md.	ADDRESS
	OCAL REGISTRA	The second second	A SIGNATU	Versiaus	Ang Pott	2/m. 9 Ni	chuer 4.	Sons
=	/ S 151						Ratto 1	7 Micho



L	F 6 2 53 113	53	BAI	LTIMORE CITY HE	EALTH DEPARTME E OF DEATH	NT 53 Registered 1	11353
1	NAME OF D	Rena V	ginia For	12/22		2. DATE OF DEATH	122/53
A B	. PLACE OF D . Baltimore ( . FULL NAME OSPITAL OR	EATH: City, Maryland		cion, give street address or location)	A. STATE	E (Where deceased lived, If B. COUNTY  (If outside corporate limit	before admission
	Luthe	chan Hospira	of Ma	rty land Yrs	Baltimore  D. STREET ADDRESS	(If rural, give location)	township
	Length of s	tay in Baltimore		Mos. Days	1503 Ellam 8. DATE OF BIRTH	9. AGE (in years)	f Under 1 Year   If Under 24 Hours
10	Female DA USUAL OC	W CUPATION (Give kind of		VED, DIVORCED (Specify) O OF BUSINESS OR	11. BIRTHPLACE (State	56	onths Days Hours Min.
wor	Houseus.	of working life, even if retired)	at h	INDUSTRY	West Virginia		WHAT COUNTRY
	Willia	m H. Morgan			Pracilla Jenk		/
(Y	no or unknown)	D EVER IN U, S. ARME (If yes, give war or date	of service)	16. SOCIAL SECURITY NO. NO	Mr. Luther W.	Frazier-1503 A	DDRESS I. Ellamont St
FICATION	(This does heart failu injury or DISEASES	SOR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	TH of dying, e. on the disease aused death SES F ANY, GIVING TI	DUE TO	kemia neumonen + l estue Hest F	Fulmeny edu	5 days - 7 days 2 weeks
CERTIFIC	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED / Cera	krosis		
DICAL				FINOINGS OF OPER		(If in Polainon Cia	YES NO
MEDI	LYING OF		about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
	OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		JURY OCCUR?	
	deceased al	ive on 12/22	tended the, 19 53 .		rred at 112 Pm., fro	om the causes and on t	he date stated above
2	4A. BURIAL, CON, REMOVAL (S	REMA- 24B. DATE		M. D. 24C. NAME OF CEMETE	RY OR CREMATORY 24	tal of Maryland  D. LOCATION (City, town	23c. DATE 91GNEE 12/22/52 or county) (State)
1-	Burial ATE RECEIVED	12/26/5 D BY   REGISTRAR			e Mem. Pk.	Elkridge, Md.	ADDRESS
	VS 150	1953	<del>-</del>		With May 1	Satto. 17.	må.



	K-416 BALTIMORE CITY HEALTH DEPARTMENT 53	44954
B	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No	11334
1.	NAME OF DECEASED (Spe or Print)  2. DATE OF DEATH OF DEAT	13-43
	PLACE OF DEATH: Baltimore City, Maryland Balto.  4. USUAL RESIDENCE (Where deceased lived, If inst. B. COUNTY	tution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR TOWN (If outside comprate limits, where the comprate limits are comprated by the comprate limits, where the comprated limits are comprated by the comprated by the comprated limits are comprated by the comprated by	it RURAL and give
0	O 6601 Birch Wood Ave Balto.  Yrs. D. STREET ADDRESS (If rural, give location)	township)
1	Length of stay in Baltimore 33 rks, Mos. Days 6601 Birch Wood AV	0
	F. 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Under last birthday) Months	
1 C	A. USUAL OCCUPATION (Glvekindof 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country)  HOUSE WORK AT HOME	CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	>
15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  17. INFORMANT  ADDR	ESS
	NO None Vact Kalavskibboi B	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Syears
	ANTECEDENT CAUSES associated Chronic, requirent, anen	1
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	voco
FICA	UNDERLYING CONDITION LAST. (C)	
ERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED  MUSC ARACITES!	
i o	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e. g., in or   21c. WHERE DID (If in Baltimore City, give LYING OR CONTRIBUTING   about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	exact location)
ME	CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	
	OF INJURY  M. WHILE AT NOT WHILE THE AT WORK  M. WHILE AT NOT WHILE THE AT WORK	
	22. I hereby certify that I attended the deceased from Nec. 13, 1953 to Nec. 23, 1953 the deceased alive on Nec. 23, 1953, and that death occurred at 9, m., from the causes and on the deceased alive on Nec. 23, 1953, and that death occurred at 9, m., from the causes and on the deceased alive on Nec. 23, 1953, and that death occurred at 9, m., from the causes and on the deceased from Nec. 13, 1953, to Nec. 23, 1953, and that death occurred at 9, 1953, to Nec. 23, 1953, and that death occurred at 9, 1953, to Nec. 23, 1953, to Nec.	at I last saw the ate stated above.
		C. DATE SIGNED
,2. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or of Control of Co	
DL	BURIAL DEC 26 1953 HOLY TRINITY CEMETAL ELKRIDGE  ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR AE  OCAL REGISTRAR  OCAL REGISTRAR  OCAL REGISTRAR	MU.
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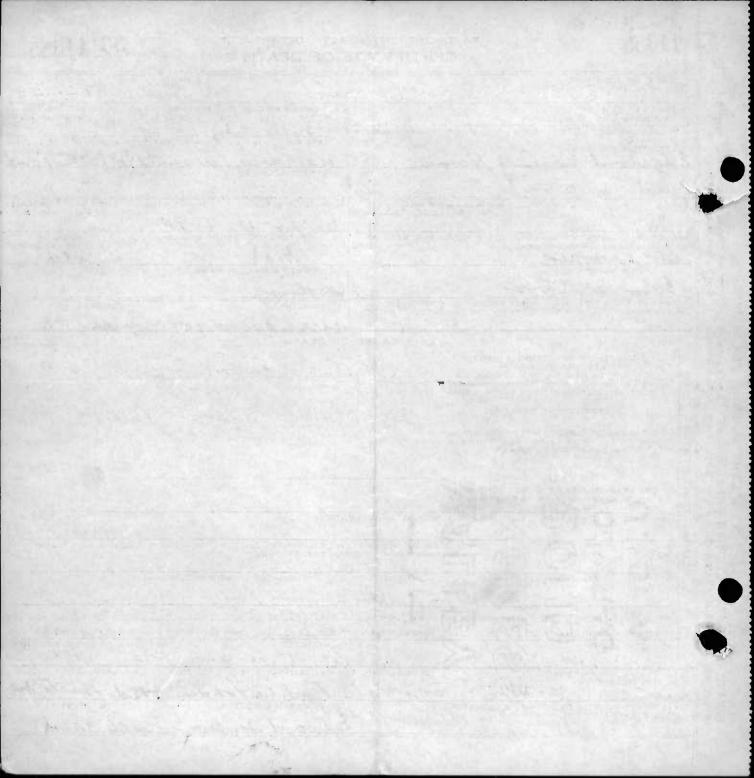
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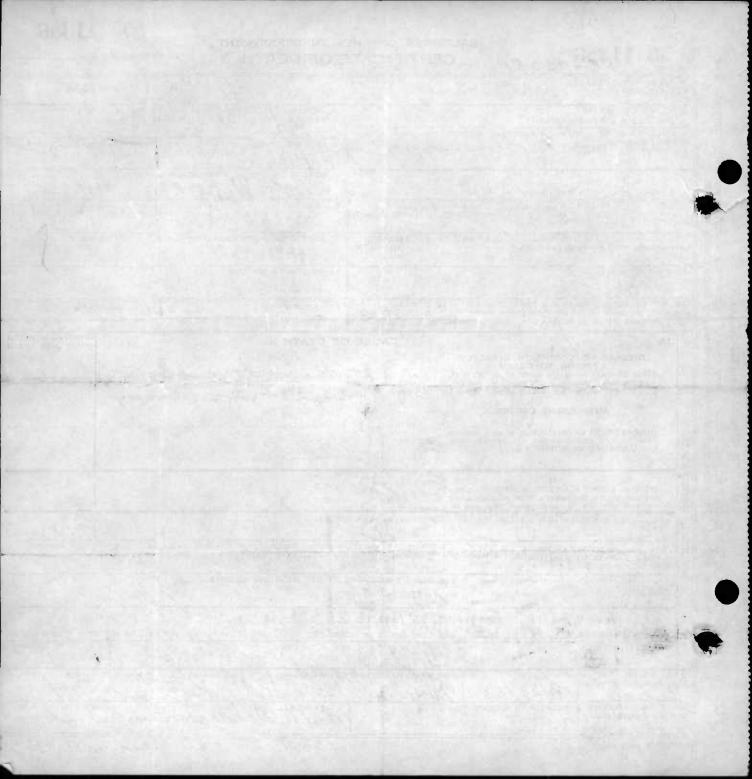
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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BI	RTH NO.	OEKTII TOAT	L OI BEATTI			
	NAME OF DECEASED  ype or Print)  JOHA	WESLEY WILS	SON	OF DE C.	23,1953.	
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE		stitution; residence before admission)	
В.	FULL NAME OF (If not in hospit	al or institution, give street address or	1 1 - L	0 6	7 /	
II IN	DSPITAL OR ISTITUTION	location	c. CITY OR TOWN	outside corporal minite	fite RURAL and give township)	
2	organism hurren	g Home	HO19 decep	wood 15d	Bally 18/12	
2	V Ab a S a A a w in Po Wi	Yrs. Mos.	D. STREET ADDRESS ()f	rural, give location)	.7 ,	
	Length of stay in Baltimore SEX   6. COLOR OF RACE	7. SINGLE MARRIED.	8. DATE OF BIRTH	9. AGE (In year: It Un	der 1 Year   II Under 24 Nours	
	74 111	WIDOWED, DIVORCED (Specify)	nov 2.6 - 1863	last birthday) Month	hs Days Hours Min.	
10	A. USUAL OCCUPATION (Give kind of		11. BIRTHPLACE (State or f		2. CITIZEN OF	
worl	done during most of working life, even if retired)	INDUSTRY	mos		WHAT COUNTRY?	
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	. 3/1	
	John wilson		Caroline			
15 (Ye	WAS DECEASED EVER IN U. S. ARMEI	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	DRESS	
		SECONIII NO.	Reere wilson	4019 Deep 11	on 8 138	
	18. 332X	CAUSE	OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION	DIRECTLY	2-22-5		1 0 2	
	(This does not mean the mode		REBRAL /H	150 M 130512	6 21175	
	heart failure, asthenia, etc. It mes injury or complication which	caused death.) DUE TO				
	ANTECEDENT CAUS	SES	REBRAL ARTE	BINSTI ERASI	3	
NO O	DISEASES OR CONDITIONS,		CE 1918FIL / CN11-	16/00 642/600/	1	
F	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	STATING THE DUE TO				
Ö						
E	П	(C)				
ER						
0	19A. DATE OF OPERATION 1	9B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?	
AL	0				YES NO	
DIC	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		If in Baltimore City, giv	e exact location)	
M						
	OF INJURY (Month) (Day) (Year	(Hour) 21E. INJURY OCCURR		Y OCCUR?		
		m. WORK AT WORK		5		
		tended the deceased from DE				
	dcceased alive on UFC. 22	4, 1953, and that death occur	rred at for John., from 1		date stated above.	
	Citties Ka	Ngin M.D.		ood Rd	12-23-53	
2	4A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, town, or		
T	on, REMOVAL (Specify)  /2-2	1-63 Fourton	Part les Los	dered Rd	Balli ma	
D	ATE RECEIVED BY   REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	A	ADDRESS	
	OCAL REGISTRAR	grow Vollialinas Mg	Edward Janel	ion Bulle	30 red	
	VS 150	<del>)</del>				





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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED 2. DATE OF 12/22/53 JOHN EDWARD GILLIN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write HUHAL and give INSTITUTION VA HOSPITAL, BALTO. 18, MD. BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. 35 YEARS 3019 CLIFTON AVENUE c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | H Under 24 Hours | last birthday) | Months | Days | Hours | Min. WHITE MARRIED 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? CRANE OPERATOR INDUSTRIAL BALTIMORE, MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN C. GILLIN HESTER HAGER 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 7-03-1901 VA HOSPITAL RECORDS INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH FIBROCASEOUS PULMONARY TUBERCULOSIS DISEASE OR CONDITION DIRECTLY LEADING TO DEATH BILATERAL, DURATION 3 YEARS 3 YRARS (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CONū TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baitimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING□ OR CONTRIBUTING□ CAUSE OF DEATH Σ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT 22. I hereby certify that Wattended the deceased from 10/20/53 , 19\_\_\_, to 12/22/53 concern the causes and on the date stated above. 23c. DATE SIGNED 234 SIGNATURE pub h HOSPITAL, BALTO, 18, MD. 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE

Durial

DATE RECEIVED BY

LOCAL REGISTRAR

SIGNATURE

FUNERAL DIRECTOR 25

ADDRESS

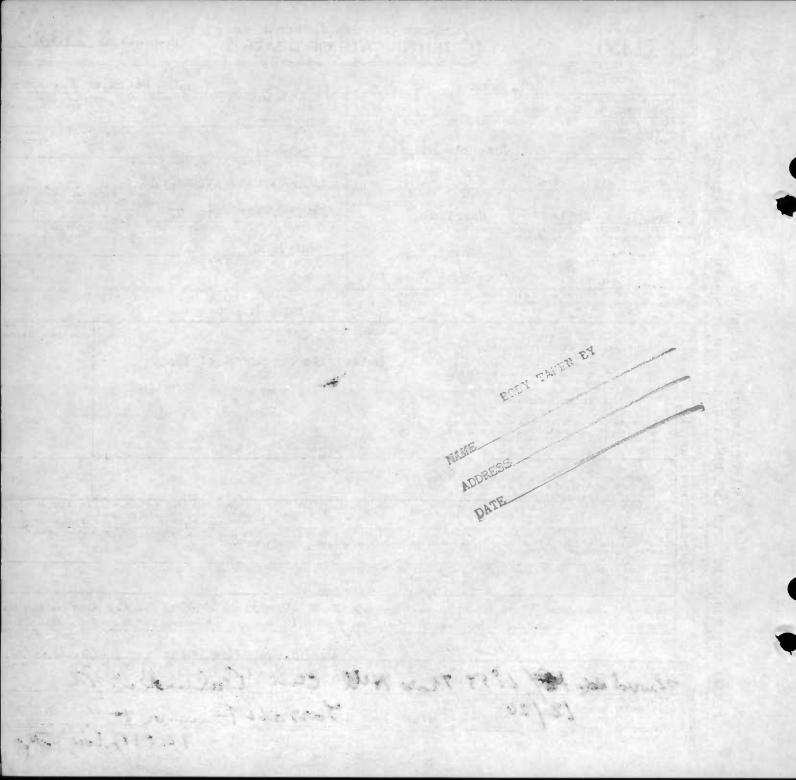
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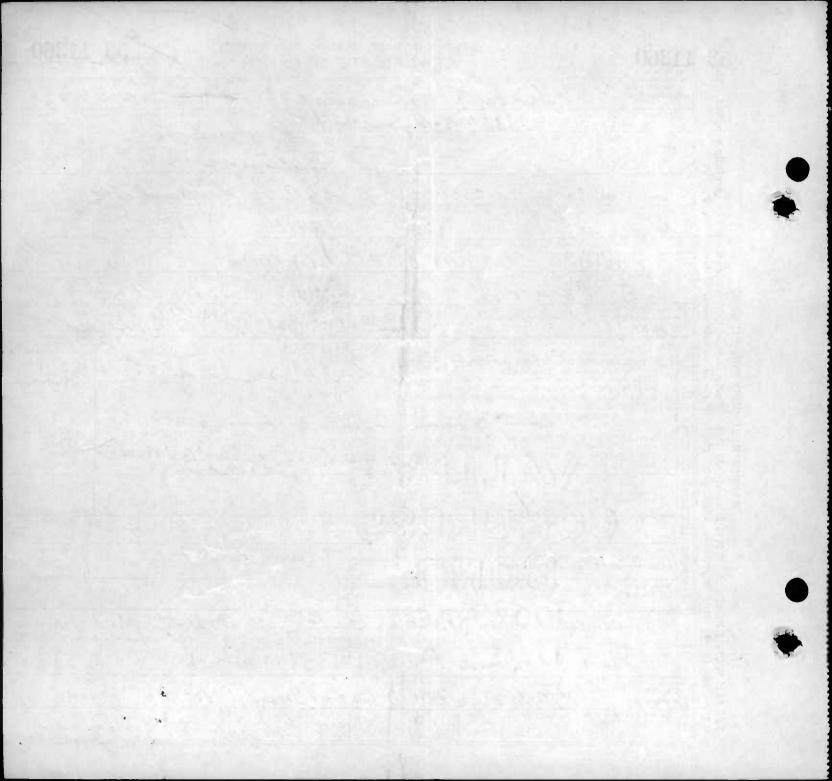
53 44	-	M 6 6 0  BALTIMORE CITY HE CERTIFICATE CERTIFICATE	m *	11358					
SINDING of information should be carefully supplied. ses of death clearly and legibly.	(T	NAME OF DECEASED MARIAN VIRGINIA  PLACE OF DEATH: Baltimore City, Maryland	MYERS  2. DATE OF DEATH OF DEA	4 1953 itution: residence before admission)					
	В.	FULL NAME OF (If not in hospital or institution, give street address or location)  ISTITUTION 6033 BELLONA AVE  Yrs.							
		Length of stay in Baltimore Mos.  Days  SEX   6.COLOR OR RACE   7. SINGLE. MARRIED, WIDOWED DIVORCED (Specify)	6033 BELLONA AVE.  8. DATE OF BIRTH 19. AGE (In years) II Under 1 Year III Under 24 Hours						
	worl	DA. USUAL OCCUPATION (Givekindof done during most of working life, even if retired) HOUSEWIFE  WARKIED  10B. KIND OF BUSINESS OR INDUSTRY  OWN HOME		CITIZEN OF WHAT COUNTRY?					
		WILLIAM RICHARDSON  S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL	MARY V. FORD						
	(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ROBERT E. MYERS	BOYE					
FO ite		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH  ONSET AND DEATH  4 Asya  DUE TO							
MARGIN RESERVED UNFADING INK. Ever Physicians: please write	MEDICAL CERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	noma Tulerus	4 mo.					
		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	V						
н.		19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OF WAS PERFORMED   21a. ACCIDENT WAS UNDERLYING   21b. PLACE OF INJURY (	PERATION AS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART I!  (e.g., in or 21c. WHERE DID (If in Baltimore City, giv.	20. AUTOPSY?  YES NO exact location)					
0		OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR:	bldg.,etc.) INJURY OCCUR?						
PLAINLY,		of injury  m. WHILE AT NOT WHI AT WORK  22. I hereby certify that I attended the deceased from M	к	hat I last saw the					
PLEASE WRITE P		deceased alive on 12/23, 19 3, and that death occu	rred at 11 A.m., from the causes and on the c	date stated above.  3c. DATE SIGNED  2/24/33					
ASE rect ag		HAL BURIAL CREMA 246 DATE 24C. NAME OF CEMETE PURIAL SPECIFY 12-26-1953 DRUID RID	GE PIKESVILLE	Mp.					
PLI	0.5	ATE RECEIVED BY REGISTRAR'S SIGNATURE	H.W. ENKINS SONS CO. 4905	YORK RD.					

OR ANTHONY THOMAS
4600 YORK KD.

The	Sar Br	RTH NO.35	9 ECFASED		CERTIFICA				Registered	No	1308
÷	(T	NAME OF DECEASED  ype or Print)  Ort, Emma							OF Dece	ember 2	24, 1953
plie		PLACE OF DEATH: Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived. If institution; residence as STATE  B. COUNTY  before admis				
ans	В.	FULL NAME									
ully .	IN	HOSPITAL OR location) INSTITUTION St. Joseph's Hospital					township)				
refu	1		56.	D. ST	Baltimore D. STREET ADDRESS (If rural, give location)						
cal	c. Length of stay in Baltimore Mos. Days					10	13 Over.	lea Av	renue #6		
FOR BINDING  item of information should be carefully supplied. the causes of death clearly and legibly.	5.	sex Female	6.COLOR OR RACE White		E, MARRIED, /ED,DIVORCED (Speci 'ied	y)	b.15,188		9. AGE (In years last birthday)	If Under 1 Year Months Day	
		A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR	Y		state or for	reign country)		ZEN OF AT COUNTRY?
		H.W. Home					aryland				
	13	. FATHER'S NAME					other's ma Unknown				
	15	I.J. Bea	Chy EVER IN U.S. ARME		FORMANT			ADDRESS			
	(Ye	s, no or unknown)	(If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.		Frank G.	Ort		ADDRESS	
		18. 16 2 V			CAUSE	OF DE	EATH				RVAL BETWEEN
MARGIN RESERVED FO UNFADING INK. Every its Physicians: please write the	EDICAL CERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES.  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
		19A. DATE C		98. CONDI VAS PERFO	TION FOR WHICH	OPERATIO		PART I O	TION WAS RELATED F DEATH, ENTER R PART II	IN YES	
ILY, WITH		OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF THE MEDICAL EXAMINE	F about	bome, farm, factory, etreet, of				If in Baltimore Cit	ty, give exa	ct location)
PLAINLY, WITH ecially important.	2	OF INJURY	(Month) (Day) (Year	m.	21E. INJURY OCCUR WHILE AT NOT W WORK AT W	HILE			URY OCCUR?	7	
		22. I hereby certify that I attended the deceased from December 20, 1953 to December 24 1953, that I last saw the deceased alive on Dec. 24, 1953, and that death occurred at 4:002m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED									
PLEASE WRITE correct age is esp	2. TI	4A. BURIAL. ON REMOVAL	CREMA- 24B DATE	1750	24c, NAME OF CEME		N. Car		Street DEATION (City, tot		24,1953 y) (State)
PLEA	DATE RECEIVED BY BEGISTRAR'S SIGNATURE LOCAL REGISTRAR  L										SS
4	=	VS 150	1 was to						74011	Bleu	oso
								80 - 69 81	11 1 1 1 1	1 .	



(	?-	-53	0	BA	LTIMORE CITY	HEALTH	DEPARTME	NT	E2	44200
53	BI	L360 RTH NO.			CERTIFICA			Regis	stered No.	11360
	1. (T	NAME OF Di ype or Print)	ECEASED HES	rge 1	Cam	ada	/.	2. DATE OF DEATH	12/2	3/53
N RESERVED FOR BINDING GROWN Should be carefully supplied. is please write the causes of death clearly and legibly.	A.	Baltimore C	ity, Maryland	pital or institu	Hauland	area. STA		B. COL		itution: residence before ndmission)
	H	OSPITAL OR				ti a a l	allen	(If outside corpor	rete In its,	URAY and give township)
	C.	Length of s	tay in Baltimore	20	Nuc.	rs. D. STR	16/1/	(If rural, give loc	d are	
	5.	SEX	6. COLOR OR RAC		E, MARRIED, WED, DIVORCED (SI	ecify) 8. DAT	1868	S. AGE (In last birth		r 1 Year H Under 24 Hours S Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				O OF BUSINESS O		THPLACE (State	or foreign country	)   12	CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME  MARY KESO / Br.					
	15. WAS DECEASED EVER IN U. S. ARMED FORC			AED FORCES?	16. SOCIAL SECURITY N	17. INI	anni	RESS Md.		
		18. 443	X I	N DIRECTLY		SE OF DE	ATH			INTERVAL BETWEEN ONSET AND DEATH
		(This does heart failu	LEADING TO DE not mean the mod re, asthenia, etc. It n	EATH c of dying, e. neans the disea	g., (A)	uncle	alacci	dont		Ferens
	MEDICAL CERTIFICATION		complication which		h.) DUE TO	terron .	Galera	•		2
		RISE TO T	OR CONDITIONS HE ABOVE CAUSE ( ING CONDITION	A) STATING T		purtu	usine (	Cardio Va	sculer	5
MARGIN UNFADING Physicians:			II NIFICANT CONDITIO DEATH BUT NOT				aus	nacu		
н.			F OPERATION		ITION FOR WHICH	- OPERATIO	CAUS	PERATION WAS RESE OF DEATH,		20. AUTOPSY?
LY, WITH important.		OR CONTRIE	NT WAS UNDERIUTING CAUSE	OF abou	B. PLACE OF INJUI thome, farm, factory, street	RY (e. g., in or , office bldg., etc.)	21c. WHERE	OID (If ln Baltim	ore City, giv	e exact location)
Z <sub>P</sub>		21b. TIME ( OF INJURY	Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCC.	URRED T WHILE	21F. HOW DIE	INJURY OCCU	R?	
E PL		22. I hereb	y certify that I	attended the	e deceased from_ and that death of	DEC 16	, 19 <b>55</b> , to			hat I last saw the date stated above
WRIT		23A. SIGNA		Cross	M. D	23B. ADI		The sh		2-24-5-3
PLEASE WRITE PLA	III	4A. BURIAL. (S ON. REMOVAL (S EMOV 2	pecify) 248. DAT	53	24c. NAME OF CEN		Ground 2	7errun	11.	county) (State)
PLE		ATE RECEIVE		R'S SIGNAT		25. FU	NERAL DIRECT		timor	DDRESS MC.



The

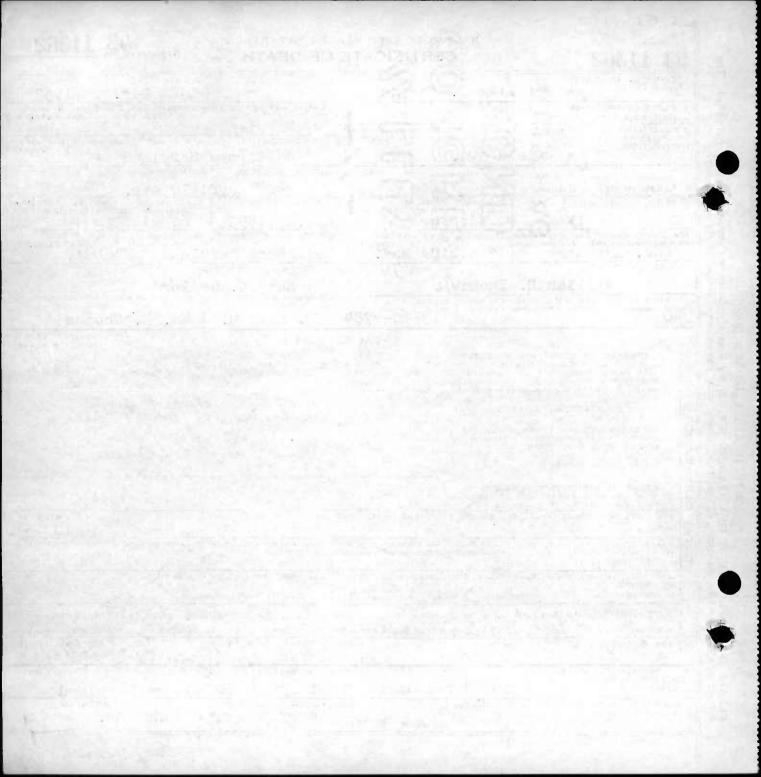
	3 113	61				OF DEAT		Register	3 No1	1361	
1.	NAME OF E	DECEASED	GEORGE	W.	GERSI	MYER		2. DATE OF DEATH DE	ec. 21	1, 1953	
	PLACE OF E	City, Maryland				4. USUAL RESIDE		here deceased live	d. If insti		
B. H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospital		n, give stree	et address or location)	C. CITY OR TOWN		outside corporate	mits w	ht RURAL and town	
3		Mercy Hosp	ital		Yrs.	o. STREET ADDRE	timor		1)		
c.	Length of s	stay in Baltimore	Li	fe	Mos. Days			31st St.	,		
5.	sex Male	6. COLOR OR RACE	7. SINGLE, WIDOWE Marri	D. DIVORC		8. DATE OF BIRTH Sept. 23,1		9. AGE (In year last birthday)	Months	l Year If Under 2	
		CCUPATION (Give kind of of working life, even if retired)	Balto		INDUSTRY	Baltimore			12.	WHAT COUNTY	ITRY
13	. FATHER'S					14. MOTHER'S MA					
1.00		ohn Gerstmy				Margare	t Ko	ck			
(You	no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or date	of service)	16. SOCIA SECUE 216-03	RITY NO. 3	17. INFORMANT Mrs Lousi	a P.	Gerstmy	addr er S	sess Same	
ERTIFICATION	(This doe heart fail injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, if THE ABOVE CAUSE (A) YING CONDITION LA	ITH  If dying, e.g.,  Ins the disease,  Ins the death.)  SES  FANY, GIVING  STATING THE	(8)	Cerebra subdu	e of skull l edema wit ral hemorrh y artery so	age		*************		
	TRIBUTIN	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED		ronlu	the occlusi	lon, I	ight coro	7.		
U	19A. DATE	OF OPERATION 1	98. MAJOR I	FINDINGS	OF OPERA	TION				YES X N	5 Y ?
EDICAL	UNDERLYIN	NAL CAUSE WAS IG M OR CONTRIB- CAUSE OF DEATH.	about home, far	m,factory,stre	JRY (e.g., in et, office bldg., etc ial	Baltime	ere Si	f in Baltimore Ci un Buildin	g	11/1	)
Σ	210. TIME OF INJURY Dec. I	(Month) (Day) (Year) 9, 1953	WH	TE. INJURY	NOT WHILE	-	to f	occuri Fe lcor; stru			
	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes \( \), accident \( \), suicide \( \), homicide \( \), undetermined \( \).										
	23A, SIGNA		ailin	سويها	М.п	238. CHIEF ME ASSISTANT ME MEDICAL INVI	EDICAL I EDICAL I ESTIGAT	EXAMINER	23c, D. Dec	ATE SIGNED	
	Burial Burial				awn Cen	or CREMATORY letery	240. Lo	altimore	Mary	yland	tate)
D/	TE RECEIVE DCAL REGIST	RAR L	SSIGNATUR	I dissis	New fors		nder	& Sons		DRESS	,
V	S 151	1803.2	\$			Baltimo	re n	aryland	1.10	Famle	

Directive from the Office of the Shief Medical Examinar

	7 B 1.(T	NAMI ype or PLAC Balti FULL OSPITI
death clearly an regiony.	C. 5.	Leng SEX M A. US donedi In
epecially important. Physicians: please write the causes of death clearly an	MEDICAL CERTIFICATION	. WAS BO OF 18. / (', 'h, ir') 19A. / 19A. / 19A. / 21A. HOM
o bec		22.

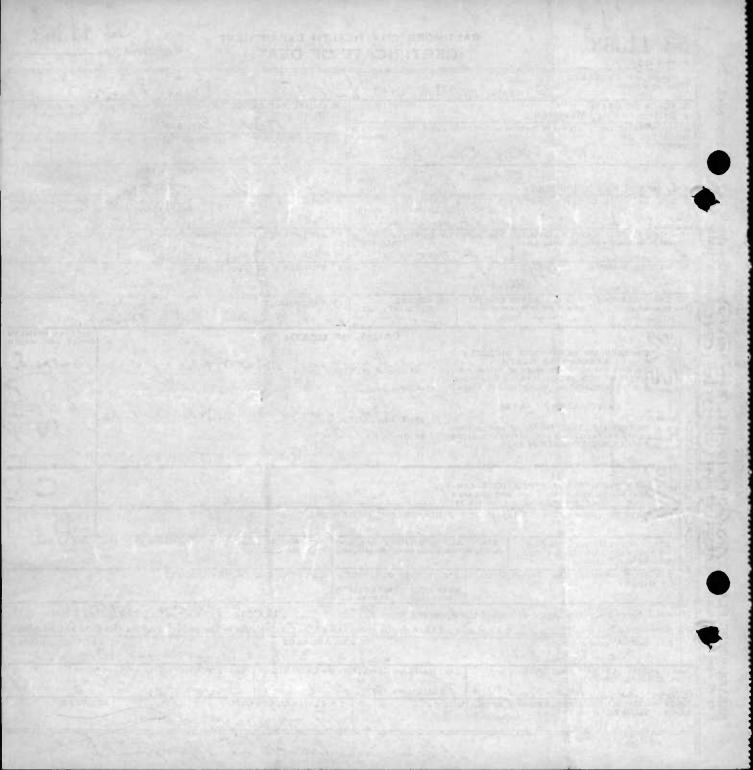
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Th	-	NAME OF DECEASED	2. DATE					
ed.	(T	ype or Print) William R. Thomas	DEATH Dec. 23,1953					
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)					
sn	LIC	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)	Maryland					
lly.	IN	3429 Mayfield Ave.	C. CITY OR TOWN (If outside corporate limits, write hUFAL and give township)					
car egibly.	1	yrs.	Baltimore Maryland					
grik	V	Total Mos.						
-		Length of stay in Baltimore Life Days   SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years) # Under 1 Year   # Under 24 Hours					
should /		M WIDOWED, DIVORCED (Specify) Widower	Sept. 29, 1893   Sept. 29, 1893   Months Days Hours Min.					
sho	10 work	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Adone during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?					
cles		Ins. Agent Sun Life Ins.	Baltimore Maryland USA.					
atio th	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
information shouls of death clearly		William H. Thomas	Mary C. Geller					
of of	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL  No no or nnknown) (If yes, give war nr dates of service)   SECURITY NO	17. INFORMANT ADDRESS					
em of i	1	NO (If yes, give war nr dates of service) 215-10-9784	MR. Earl W. & Wm. K. Thomas					
n c aus		18.145 CAUSE	OF DEATH					
item ne cau		DISEASE OR CONDITION DIRECTLY						
E C		(This does not mean the mode of dying, e.g., (A)						
Ever		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
		ANTECEDENT CAUSES	1 + d . d P / A					
IK.	Z	(B) WU	1 melastas 4 Talale Haray					
JINK.	일	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	1540					
.: C.	Y	UNDERLYING CONDITION LAST.	or and to the Bree.					
ADING icians:	F	· (c)V						
r'A]	RTI	OTHER SIGNIFICANT CONDITIONS CDN-						
UNFADING Physicians:	CEF	TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE DR CONDITION CAUSING IT.						
		19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER						
WITH rtant.	AL		YES ND					
Y, WITH important.	EDICAL	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e						
Y imi	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?					
		OF INJURY WHILE AT NOT WHILE						
PLA ecially		m.   work   AT WORK	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
F P		22. I hereby certify that I attended the deceased from	fred, 1955 to N.A. 3, 195, that I last saw the					
			red at 0:104 m., from the causes and on the date stated above.  3B. ADDRESS   23c. DATE SIGNED					
VR		- CANAL WAY	3400 Enduran Gue 12/13/53					
E V	24	M. D.   4A. BURIAL, CREMA- 24B. DATE   24C. NAME OF CEMETE	RY DR CREMATORY 24D. LOCATION (City, town, or county) (State)					
PLEASE correct ag	TIC	AA. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETER BURIAL 12/26/53 Baltimore C	emetery Baltimore Maryland					
E/		ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
PI		OCAL REGISTRAR ULU / 4 1052 Tomorington Wallaum, My	Henry Sander & Sons Inc.					
			- Baltimore Maryland					
		VS 150	873 Sea ? Dander.					
		13	Jan					



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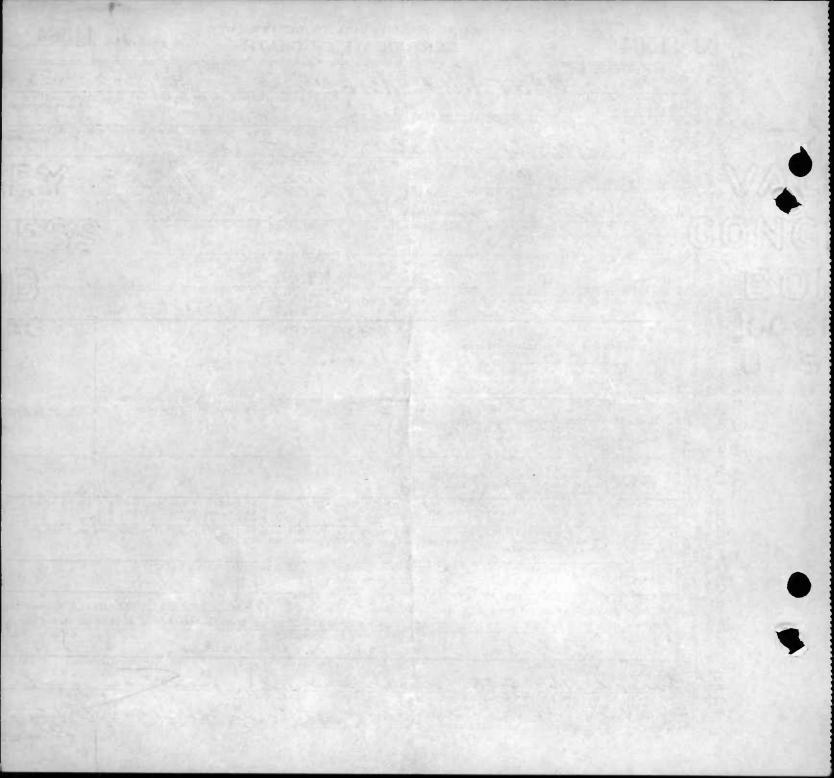
11	RTH NO.	CERTIFICATE	E OF DEATH	Registered No	
1.	NAME OF DECEASED (ype or Print)	rah olusan 1	ant	2. DATE Sco.	Ree,
3.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (	Where deceased lived. If in	stitution : residence before admission
В.		or institution, give street address or location)	many	lower	2
	ISTITUTION 1805 M	butmone ave	Baltimore	If outside corporate limit	write RAL and given ship
c.	Length of stay in Baltimore	bout 65 yrs. Mos. Days	1805 m	frural give location)	The _
501	holude maik	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH		der 1 Year II Under 24 Hours hs Days Hours Min
40	A. USUAL OCCUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or		2. CITIZEN OF
Wor	k done during most of working life, even if retired)	at Home	Prince Frederick	mod.	WHAT COUNTRY
TE	FAPHER'S NAME San	th	14. MOTHER'S MAIDEN	NAME	
15 (Ye	S. WAS DECEASED EVER IN 'O. S. ARMED F	FORCES? 16. SOCIAL SECURITY NO.	17/INFORMANT	API	DRESS
	no	SECURITY NO.	Leon W. Lant	(day) of a	mo
	18. 260× 1	CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION DE	//	ebral Hours		7/10001
HG.	(This does not mean the mode of heart failure, asthenla, etc. It means		eofae struc	mage	~ areig
	injury or complication which cau		A		
	ANTECEDENT CAUSE	5 Allevi	s-sclerosis	X Sigliston	6 MT.
ATION	DISEASES OR CONDITIONS, IF	ANY, GIVING TAGA DA	ties		
A	RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	f.			
RTIFIC		(6)		***************************************	
E	OTHER SIGNIFICANT CONDITI	IONS CON-			
CEF	TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION O	OT RELATED			
		B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
N S	Y I				YES NO
MEDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., io about home, farm, factory, street, office bidg., e		(If in Baltimore City, giv	e exact location)
2	21D. TIME (Month) (Day) (Year) (I OF INJURY	Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJU	RY OCCUR?	8-3-3-1
	O. MOOK!	m. WHILE AT NOT WHILE			
1	22. I hereby certify that I atter	nded the deceased from Me	4 19 1946 to	Dec. 22 , 1953	that I last saw th
4	deceased alive on Dec 19-	19 5 3, and that death occur	red at 4:55 Pm., from	the eause's and on the	date stated above
	23A. SIGNATURE	2	3B. ADDRESS	11 0110	23c. DATE SIGNED
-	4A. BURIAL, CREMA- 24B. DATE	M. D.	3055 W. NOTH	LOCATION (City, town, or	r county) (State)
T	N, REMOVAL (Specify)	24C. TAIME OF CEMETER	DO O	he C	00 40
12	ATE RECEIVED BY   REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR	100 10 M, 4	ADDRESS
	DECLE PROJECTOR AND	western by Harrison	9. Han	of Evans	
-	VS 150 4 1968	1 / 1	Con Constant	A A	2 ~ 2
	VS 150	140050	Charles ST	Betto 3	8 o may



11/-	4	5	6	
1136	4		10	
BIRTH NO.				

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

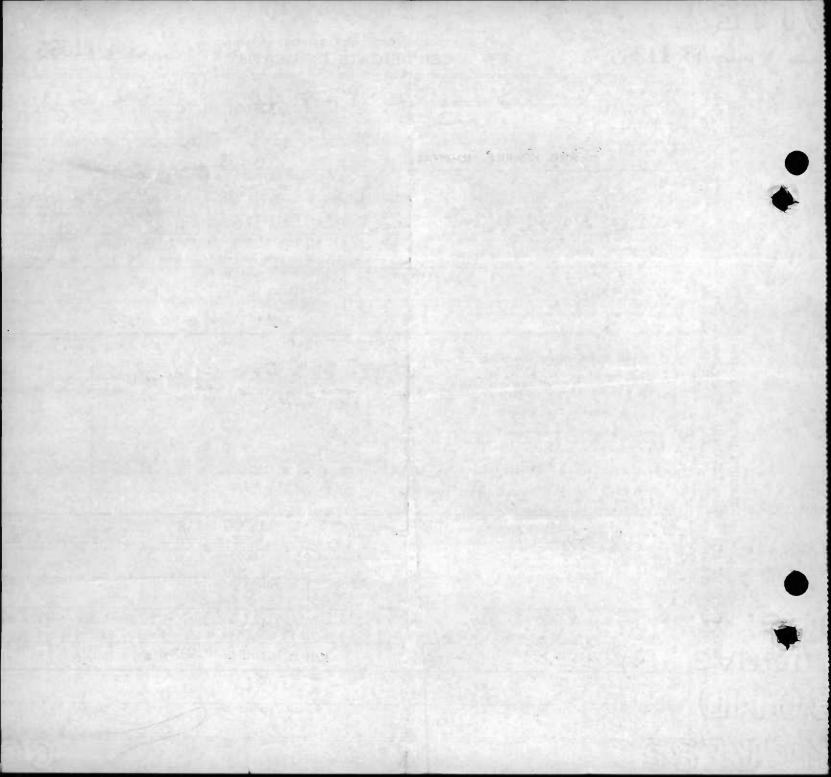
The state of	Bi	RTH NO.
d. T	1. (T	NAME OF DECEASED BENTAMIN WILNER 2. DATE OF 12-23-43
carefully supplied. egibly.		PLACE OF DEATH:  Baltimore City, Maryland  A. STATE  B. COUNTY  B.
ins	В.	FULL NAME OF (If not in hospital or institution, give street address or
lly	IN	OSPITAL OR OSPITAL OR TOWN (If outside composate limits, write RURAL and gi townshi
efu bly.	3	Yrs. D. STREET ADDRESS (If rural, giye location)?
car	c.	Length of stay in Baltimore Days 7402 Tark Heights live
be nd 1	THE PARTY NAMED IN	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE 1/2 years 1/2 Under 24 Hours 1/2 Hours 1/
should be carefu	21	hale white married wy 6 1911 H
shou	work	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (State or foreign country)  WHAT COUNTR
NDING information s of death cle	1	FATHER'S MAME (1) 14. MOTHER'S MAIDEN NAME
Gmat		INDIAN WILLER
for f d	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS) ) )
BINDING of inform uses of dea	(Yei	se, confunkcown) (If yes, give war or dates of service) SECURITY NO. MILDRED WILKER, 1402 PK-Hith
BI of tuse		18. 1 CAUSE OF DEATH INTERVAL BETWEE
FOR item		DISEASE OR CONDITION DIRECTLY
ry e th		LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
Ever Write		injury or complication which caused death.) DUE TO
2		ANTECEDENT CAUSES
RESERVED INK. Ever please write	NO O	DISEASES OR CONDITIONS, IF ANY, GIVING
	ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.
MARGIN UNFADING Physicians:	FIC	(C)
AR FAJ sici	RTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
MA UNF. Physi	CEI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
H	AL	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   IF OPERATION WAS RELATED TO   20. AUTOPSY?   CAUSE OF DEATH, ENTER IN   YES   NO
ILY, WITH	EDIC,	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., io or OR CONTRIBUTING CAUSE OF about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?
npo	ME	DEATH (NOTIFY MEDICAL EXAMINER)
/.		21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK
PL		22. I hereby certify that I attended the deceased from 9 16 , 1952, to 12/20 , 1950, that I last saw t
9		deceased alive on 12/23, 19, 3, and that death occurred at 5.04 m., from the causes and on the date stated about
RITE is est		23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNE 12 22 ENTOW MD 1/1/1/50
E Wage	24	4A. BURIAL, CREMA- 245 DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State
ASE et a	TIC	OR REMOVAL (Specify) 12-25-53 /- dea mill By B. et Zud.
PLEASE correct ag		ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS
E 8	n	FC 2 41053 Houter tim Walister Pack heins Inc. 2100-2102 Enter
	-	VS 150 Place
	11	29045



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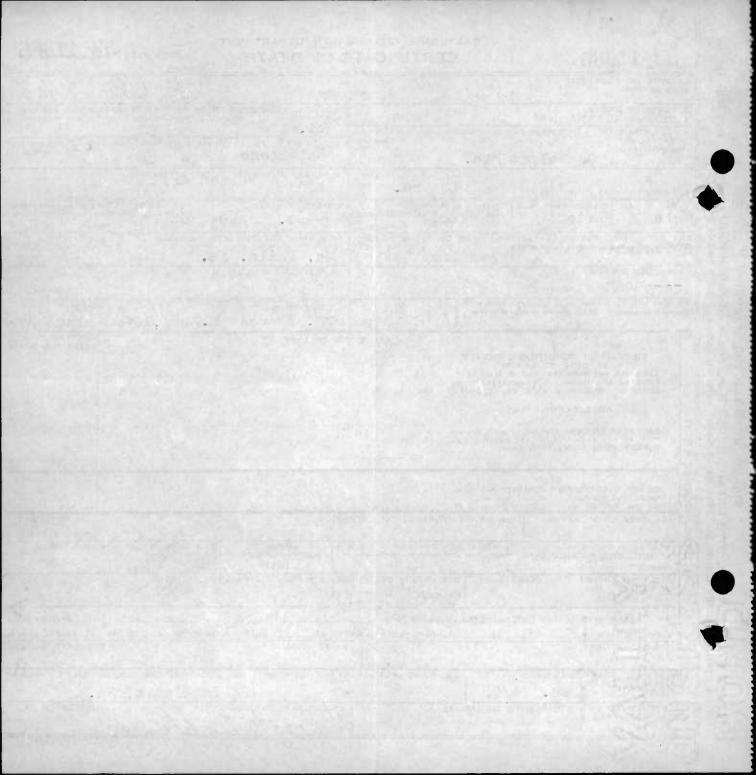
## CERTIFICATE OF DEATH

The		COCTT ON HTR			CERTIFIC	ATE	OF DEA	TH	Register	rea 140-		
	(T)	NAME OF DI ype or Print)		Sam	low	14	esta		2. DATE OF DEATH	ec.	74	1953
supplied.	a. Baltimore City, Maryland					4. USUAL RES	DENCE (WI	here deceased live B. COUNT			residence re admission)	
	HC	FULL NAME OSPITAL OR				ess or ation)	c. CITY OR TOV	VN (If o	outside corporate	/miy w	rite-RIO	
carefully egibly.	3	3	JOHNS HOPK	CINS HOS		**	13	Jalta	1 erm	)	<u>l</u>	#6wnship)
e carefu legibly	C	Length of st	ay in Baltimore	Le	1. 1	Yrs. Mos. Days	D. STREET ADD	5 0 6	ural, give locapio	trac	h	Chro
ld be		SEX	G. COLOR OR RACE				B. DATE OF BIR		9. AGE (In year last birthday	rs li Unde	r I Year S Days	Hours Min.
should learly a			CUPATION (Give kind of f working life, even if retired)		OF BUSINESS C		11. BIRTHPLACE	E (State or for		12	. CITIZI WHA <b>T</b>	EN OF COUNTRY?
tion th el	13	FATHER'S		100	ocorc		14. MOTHER'S		ME			
information of death cl	Barnet					Jena						
BINDING of inform uses of dec	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or maknown) (If yes, give war or dates of service) SECURITY NO.						17. INFORMANT		NS HOSPIT	ADD	RESS	
FOR y item		OFFEAS (This does heart failu injury or	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE OF DEATH  (A)   (A)   (A)   (A)   (A)   (B)   (B)   (B)   (B)   (CAUSE OF DEATH  (N)   (A)   (DUE TO  (DUE TO									
MARGIN RESERVED UNFADING INK. Ever Physicians: please write	IFICATION	DISEASES	ANTECEDENT CAUS OR CONDITIONS, 1 HE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN								
MAF INFA	ERT	TO THE	NIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSING	RELATED TE								
ht .	AL C		F OPERATION / 1		TION FOR WHICH		ERATION	CAUSE OF	IDN WAS RELATED TO THE PART II		20. AL	NO N
.0	EDIC	OR CONTRIE	ENT WAS UNDERLY BUTING CAUSE OF	about	. PLACE OF INJU home, farm, factory, stree	RY (e et. office b	eg., In or 21C. Wholdg., etc.)	HERE DID (	If in Baltimore	City, giv	re exact	location)
	Σ	OF INJURY	Month) (Day) (Year)	(Hour)		URRE OT WHIL	E	LNI DID W	URY OCCUR?			
			y certify that I at		deceased from_	1	1 26 ,19	trom th				ast saw the
RI		23A. SIGNA		apla	of M.	2:	JOHNS HO					TE SIGNED
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PLEAS		ATE RECEIVE		'S SIGNATU	J.H. AHA	, )	25. FUNERAL I	DIRECTOR IN -	- 2100 6	Cula	DDRES	Place
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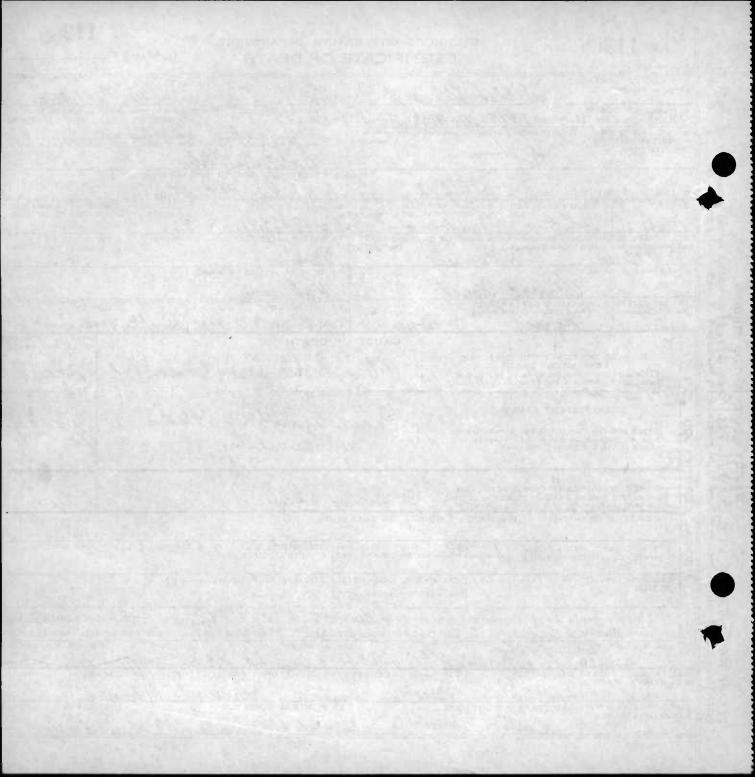
or Print) margaret	traub DEATH Dec. 24, 1953					
ACE OF DEATH: Itimore City, Maryland  L NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission)					
TOTION JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
Yrs. Mos. ngth of stay in Baltimore Days	545 C. 38 The					
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years last birthday)  1-6-1875  9. AGE (In years Months: Days Hours Min.					
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MARTIN KAVANAGH	MARY KIRK					
AS DECEASED EVER IN U.S. ARMED FORCES? or unknown) (If yes, give war or dates of service)   16, SOCIAL   SECURITY NO.	JOHNS HOPKINS HOSPITAL					
CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
A. DATE OF OPERATION 3 198. CONDITION FOR WHICH OF WAS PERFORMED  A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY ( about home, farm, factory, street, office ATH (NOTIFY MEDICAL EXAMINER)	CAUSE OF DEATH, ENTER IN YES NO					
D TIME (Month) (Day) (Year) (Hour)   2 is. INJURY OCCURRE   WHILE AT   NOT WHILE AT   WORK AT WORK						
BURIAL, CREMA- 24B. DATE 24C. NOW OF CEMETE	7					
RECEIVED BY REGISTRAR'S SIGNATURE L REGISTRAR VS 150	25. FUNERAL DIRECTOR ADDRESS  ACCORDANCE TO THE PROSECULARY					

X	2-21	00				52	11200
,	53 11	368			ALTH DEPARTMENT		11368
ВІ	RTH NO.		CERT	IFICATE	OF DEATH	Registered No	
1. (T	NAME OF D 'ype or Print)	DECEASED	llet Edwa	rd Roc	ush	2. DATE OF DEATH DEC-	24-1953.
A.		City, Maryland /3		Street	4. USUAL RESIDENCE (	Where deceased lived, If in	stitution: residence before admission
H	FULL NAME OSPITAL OR		al or institution, give st	rcet address or location)	c. CITY OF TOWN	Baltimor. If outside corporate limits,	write RURAL and give
A	ISTITUTION	at s	Home		Baltimar	Cety /	O Detewnship
c.	Length of s	stay in Baltimore	about 2	Yrs. Mos. Days	1347 W. 41	frural, give location)	
5.	Male	6. COLOR OR RACE	7. SINGLE, MARRIS		8. DATE OF BIRTH	9. AGE (In years if Un last birthday) Mont	nder I Year II Under 24 Kours hs Days Hours Min.
10 work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	James	INESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)   1	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME	1 2 1		14. MOTHER'S MAIDEN	NAME	$\omega$ , $\omega$ .
1 55	WAS DESEAS	Udwara	Roush		Unknown		
(Ye	, no or unknown)	ED EVER IN U. S. ARMEI	s of service)	URITY NO.	17. INFORMANT	ADI	DRESS
	18. H	Love	1/107	CAUSE C	OF DEATH	est (doughter) 113	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION		14.	1 +: 11	1000	ONSET AND DEATH
	heart failu	LEADING TO DEA's s not mean the mode of tre, asthenia, etc. It mea complication which of	of dying, e.g., (A	(Isleria	eclusive lander	freder Cost	2 years
		ANTECEDENT CAUS		2	1.00+	. 1.	
N	DISEASE	S OR CONDITIONS, I		geru	roleged write	rduons	10 years
CATI	RISE TO T	THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE DUE	то () 🎸	serility		
ERTIFICATION	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT SISEASE OR CONDITION	NOT RELATED	Secubite	is When		6 aus.
L		the first terms of the second	98. MAJOR FINDING	GS OF OPERA			20. AUTOPSY?
CA		0	L at- DI ACE OF IN	LUIDY (	- Loss Williams Din	(Tata Dalliana Citati	YES NO
MEDICAL	CAUSE OF		21B. PLACE OF IN about home, farm, factory,	street, office bldg., et	injury occur?	(If in Baltimore City, giv	e exact location)
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJU	RY OCCURRE	D 21F. HOW DID INJUF	RY OCCUR?	
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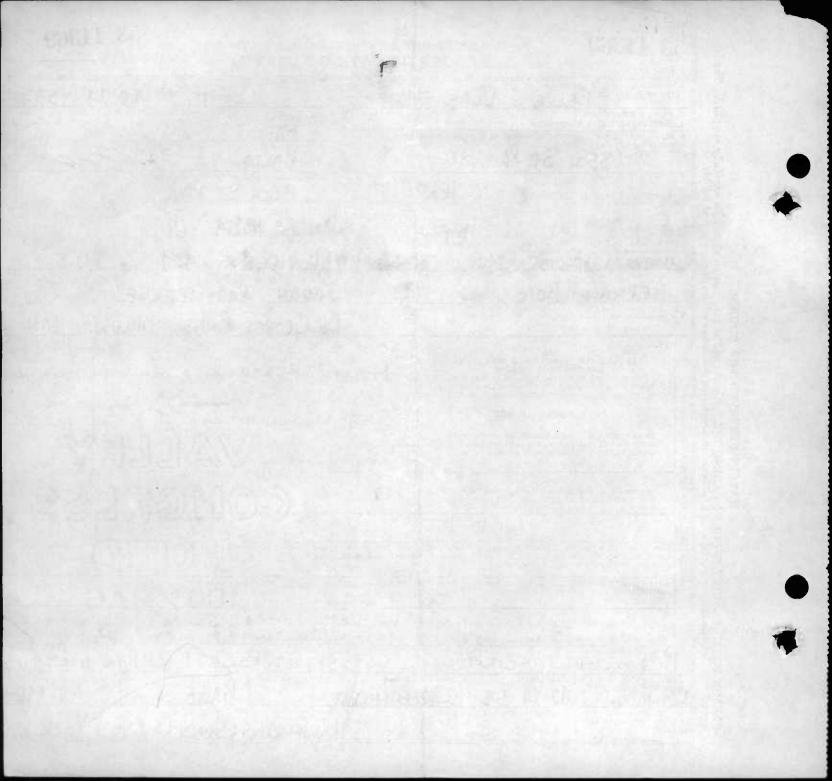
238. ADDRESS 23A. 23C. DATE SIGNED IAL, CREMA-VAL (Specify) (State)

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	1	3-2-00		52 44200
The	5	3 11369 BALTIMORE CITY HE CERTIFICATE		53 11369 Registered No.
	1. (T	NAME OF DECEASED  Spe or Print)  BELLE  BOAS		2. DATE OF DEC. 74, 1953
suppli	A. B.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	A. STATE	B. COUNTY before admission
ADING information should be carefully supplied. s of death clearly and legibly.		OSPITAL OR 3501 ST. PAUL ST.	BALTO.	outside corporate limits, write RURAL and gi
e care legib		Length of stay in Baltimore 10 RS. Yrs. Mos. Days	3501 ST.	PAUL
uld be y and	5.	SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify)	JAN-2- 1884	9. AGE (In years)   fi thder I Year   fi Under 24 flow   last birthday)   Months Days   Hours Min
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NG rmati death	13	HERMAN BOAS	SARAH EISE	NBERGE
BINDING of inform uses of dea	15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	DR. GFORGE BO	AS BALOWIN MO
R em		18. A V . / CAUSE O	OF DEATH	INTERVAL BETWEE
the H		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	et disease	- and anoesing Mary year
22	_	ANTECEDENT CAUSES	eriosclerosi	uears.
N RESE VG INK.	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
MARGIN UNFADING Physicians:	RTIFIC	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	CE	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OF WAS PERFORMED		ION WAS RELATED TO 20. AUTOPSY?
LY, WITH important.	EDICAL		e. g., in or 21c. WHERE DID (	R PART II YES NO FINE
Z	M	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	E	URY OCCUR?
E PL		22. I hereby certify that I attended the deceased from deceased alive on 34.1953, and that death occur	21. , 1940, to J	, 1953 that I last saw t
/RITI			38. ADDRESS 2919 87. Paul	St. Baltima Dec. 24.18
SE V		4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE CON, REMOVAL (Specify) 17-14-53 GREENMOUN	RY OR CREMATORY 240. LC	OCATION (City, town, or county) (State
PLEASE WRITE PLA	104	ATE RECEIVED BY REGISTRAR'S SIGNATURE, OCAL REGISTRAR	25-FUNERAL DIRECTOR	CA AGA VACY DE
	=	VS 150	H-M-THUKIND & 70	DNS CO. 4703 JOKK KI
	11	070	) o V	

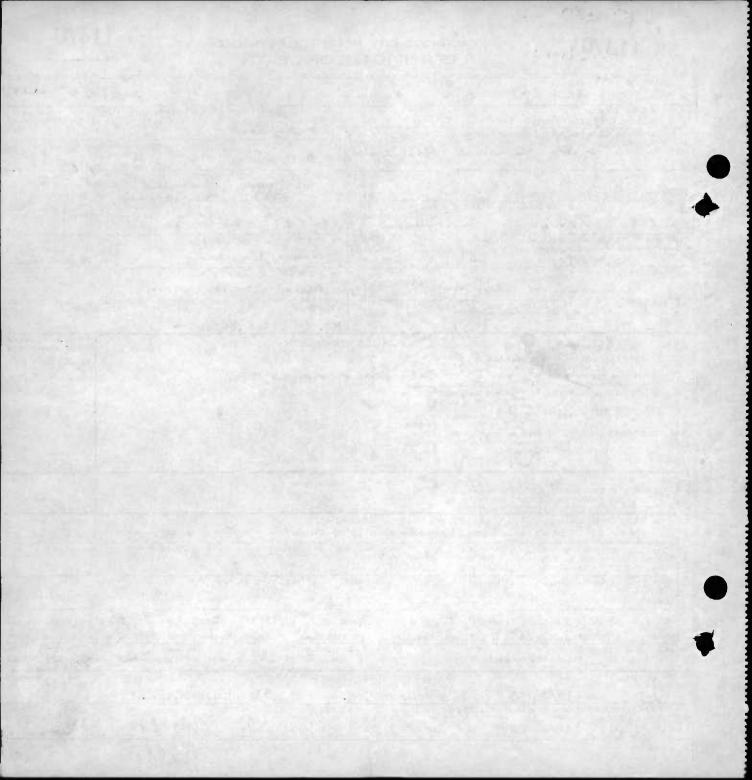


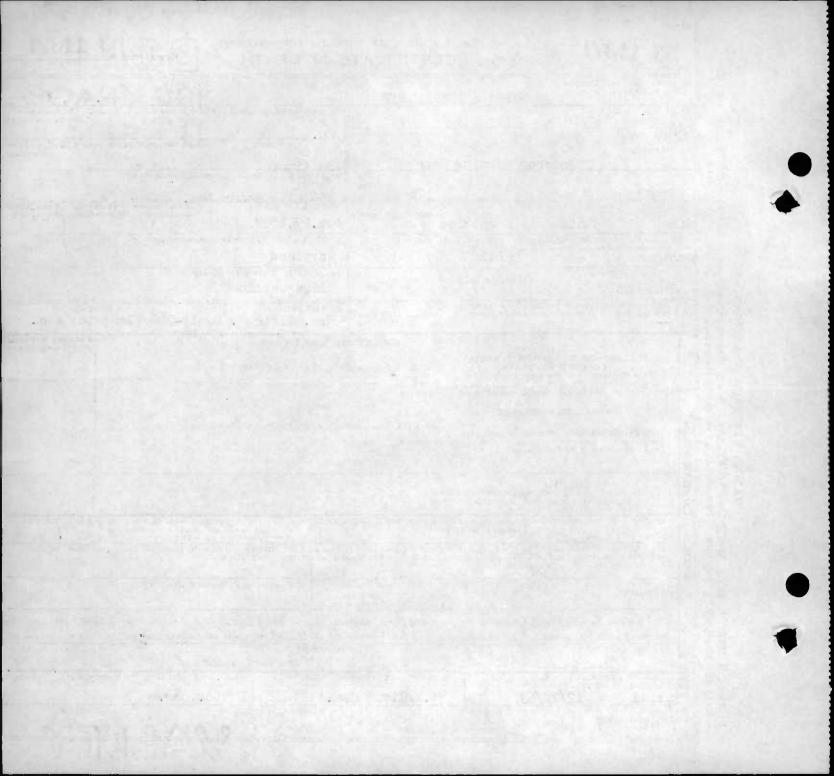
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53 1	1370
BIRTH NO.	7/

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

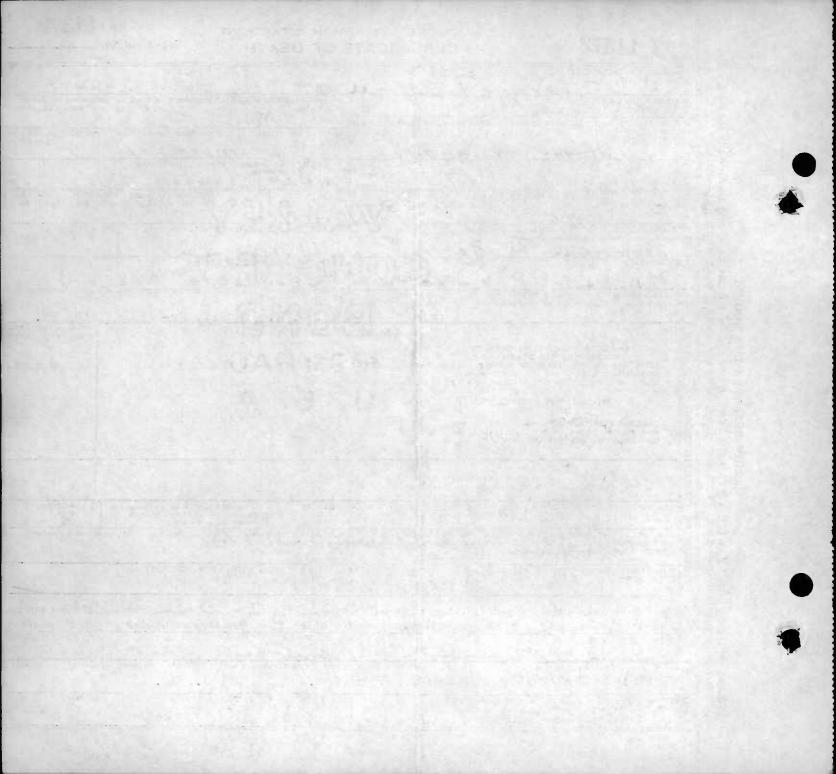
53 11370	
Registered No.	
2. DATE	
OF DEATH Dec. 24 1953.	
ncre deceased lived, If institution: residence B. COUNTY before admission)	
utside corporate limits, write RURAL and give	
ral, give location)	
9. AGE (in years lat Under 1 Year last birthday) Months Days Hours Min.	
eign country) 12. CITIZEN OF WHAT COUNTRY?	,
ME .	
nger.	
ADDRESS	
er - Interval Between	
ONSET AND DEATH	
Symptoms for c. tma	

BI	IRTH NO.	L OI DEMIN					
(T	NAME OF DECEASED (ype or Print)  BECKER - Range Rande	2. DATE OF DEC. 24 1953.					
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)					
H	FULL NAME OF (If not in hospital or institution, give street address or ospital or institution, give street address or location) ISTITUTION  Uncor Memorial Hospital.						
-	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)  Apt. 1000 Charles Apts.,  3333 N. Charles Street.					
5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years If Under 1 Year Months Days Hours Min.  7. Months Days Hours Min.					
10 work	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  HOUSEWIFE  A. USUAL OCCUPATION (Give kind of log. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
13	Gabriel W. Reider:	14. MOTHER'S MAIDEN NAME					
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yos, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Robert F. Becker -					
ERTIFICATION	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						
EDICAL CE	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER Nov. 21 1953 Concentration 121a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (c. g., i.	nor   21c. WHERE DID (If in Baltimore City, give exact location)					
MED	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c CAUSE OF DEATH  2 1D. TIME (Month) (Day) (Year) (Hour) OF INJURY  WHILE AT WORK AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?					
	22. I hereby certify that I attended the deceased from Dec. ? , 1953, to Dec. 24 , 195 deceased alive on Dec 24 , 1953, and that death occurred at 3 o. m., from the causes and on t 23A. SIGNATURE  H. M. Rousson.  M. D. M. D. Horizal.						
D	AA. BURIAL, CREMA- ON, REMOVAL (Specify)  Burial  12/26/53  ATE RECEIVED BY REGISTRAR'S SIGNATURE  CAL REGISTRAR  PLANTAGE  AND M. D. 1  24C. NAME OF CEMETE  24C. NAME OF CEMETE  24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOGATION (City, town, or county) (State)					
	VS 150	( butto. 17, 1700)					





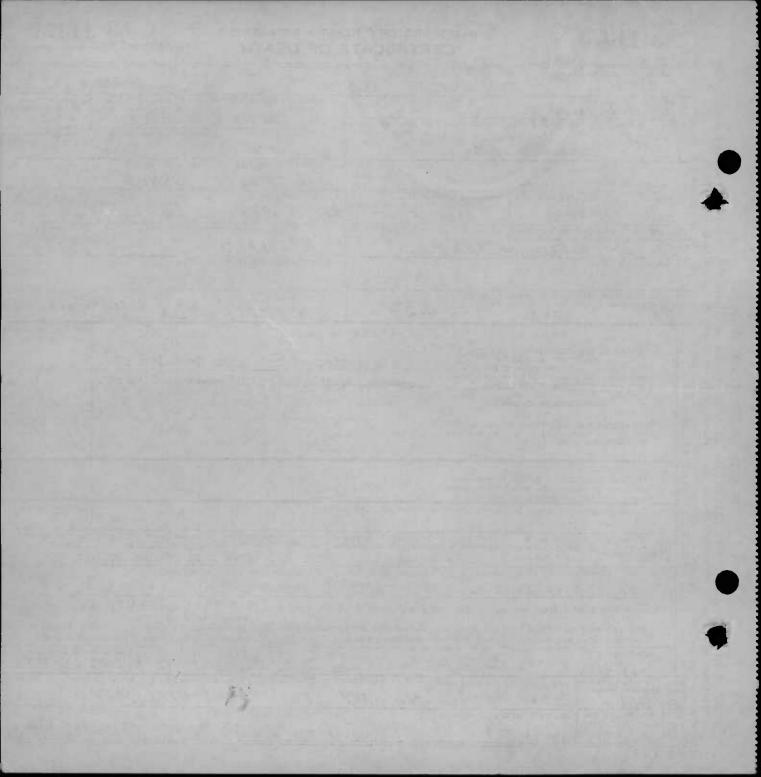
53 11372 Registered No. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) (If outside corporate limits, write RURAL and give township) If Under 1 Year last birthday) Months; Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS ifton INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN YES X 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 22. I hereby certify that I attended the deceased from 12-23-, 1953, to 12-24-, 1953, that I last saw the , and that death occurred at # 1.m., from the causes and on the date stated above. 23c. DATE SIGNED 24D/LOCATION (City, town, or county) ADDRESS windy VS 150



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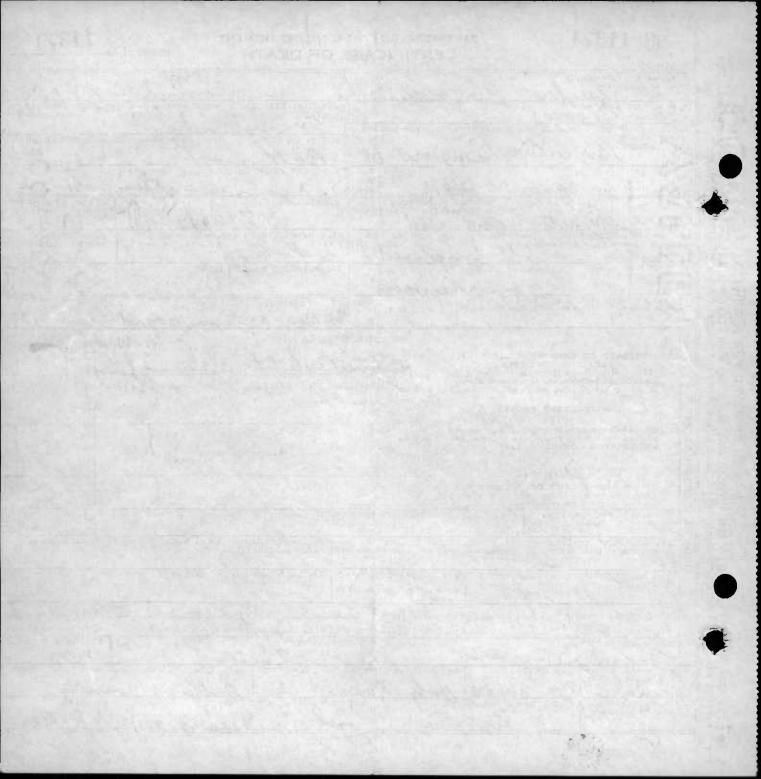
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B-2-2-1 53 1137
BIRTH NO.
1. NAME OF DECEAS
3. PLACE OF DEATH:
B BUILL NAME OF

# BALTIMORE CITY HEALTH DEPARTMENT

53 11374 Registered No.

The	BI	IRTH NO.
	1. (T	NAME OF DECEASED  [Vype or Print) Of OF DeceaseD
supplied		PLACE OF DEATH A. USUAL RESIDENCE (Where deceased lived, If institution; residence
dns		Baltimore City, Maryland  A. STATE  L. COUNTY before admission)  FULL NAME OF (If not in hospital or institution, give street address or
dily s		OSPITAL OR NSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
ly.	1	1 and withington of Baltimare of
car		Yrs. D. STREET ADDRESS (If rural, give location)  Mos. 122
0	1==	Length of stay in Baltimore 30 plays   122 0 weeking on Stay   SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,   8. DATE OF BIRTH   9. AGE IN years   If Under 24 Hours
pli a	1	have windowed, Divorced (Specify) 18926 ast birthday) Months: Days Hours Min.
on shoul	10	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
on		Tailay Jeff Emplayed Poland
ath	FATHER'S NAME	
orn	WAS DECEASED EVER IN IL BORGOS CAUSIN	
information s of death cle	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
of	-	Mas Dincentina Bogaslawski 122
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y i	LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) Delatural metallatic Caramona of Long	
Ever		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Careuma Legund Glesses disease,
		ANTECEDENT CAUSES
INK. please	Z	DISEASES OR CONDITIONS, IF ANY, GIVING
r br	TH	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.
UNFADING Physicians:	)	
AI	T.	OTHER SIGNIFICANT CONDITIONS CON-
UNF	CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.
н.	7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
7IT ant	DICA	21A. ACCIDENT. SUICIDE.   21B. PLACE OF INJURY (e. g., in or   21c. WHERE DID (If in Baltimore City, give exact locution)
Y, WITI	ED	HOMICIDE (Specify) about bome, farm, factory, street, office bidg., etc.) INJURY OCCUR?
imp	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?
lly		OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK
PLA ecially		22. I hereby certify that I attended the deceased from Cet. 1 - , 19 Tto Dec . 27, 1953 that I last saw the
Sp		deceased alive on Dec. YZ, 19 53, and that death occurred at 11 3 m., from the causes and on the date stated above.
		23A. SIGNATURE 23C. DATE SIGNED
age	24	4A. BURIAL, CREMA-  24B. DATE   24C. NAME OF CEMETERY OR CREMATORY   24D. LOCATION (City, town, or county) (State)
PLEASE correct a	TIC	Bumal De 26/53 Hole Rossus Clu Rolla. Counts
PLEAS	D	ATE RECEIVED BY I REGISTRAR SIGNATURE 125 FIANERAL PRECTOR ADDRESS
P	h L	OCAL REGISTRAR
4		VS 150
	1	J906E



Y, W	TLH.	Y, WITH UNFADING INK. Every item of information should be car ly supplied.	INK.	Every	item	of i	nforn	nation	shor	ald he	car	ly supplied.	The	
mports	ant.	Physicians:	please	write t	he ca	uses	of de	ath c	learly	rar	egibly.			

53 11375 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No .\_\_\_ BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Emma B. Ellwood Dec.23,1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 720 E. Biddle St A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Raltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 720 E. Biddle St c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) | Months | Days Hours: Min. Female White Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At Home None Ireland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stephen Ellwood Maria Tanahan 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO. No No None Mrs. Eliz Dolan 720 E. Biddle St INTERVAL BETWEEN 18. 42 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It mcans the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO reulal bemorles UNDERLYING CONDITION LAST. Œ RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. O 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK , 1942, to 23 Dec, 1913, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on 21 Rec., 1933, and that death occurred at \$20A.m., from the causes and on the date stated above.

238. ADDRESS 23c. DATE SIGNED

23A. SIGNATURE

24B. DATE

24c. NAME OF CEMETERY OR CREMATORY Cathedral

24D. LOCATION (City, town, or county)

Burial DATE RECEIVED BY LOCAL REGISTRAR

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Dec.26,1953 REGISTRAR'S SIGNATURE

were flare

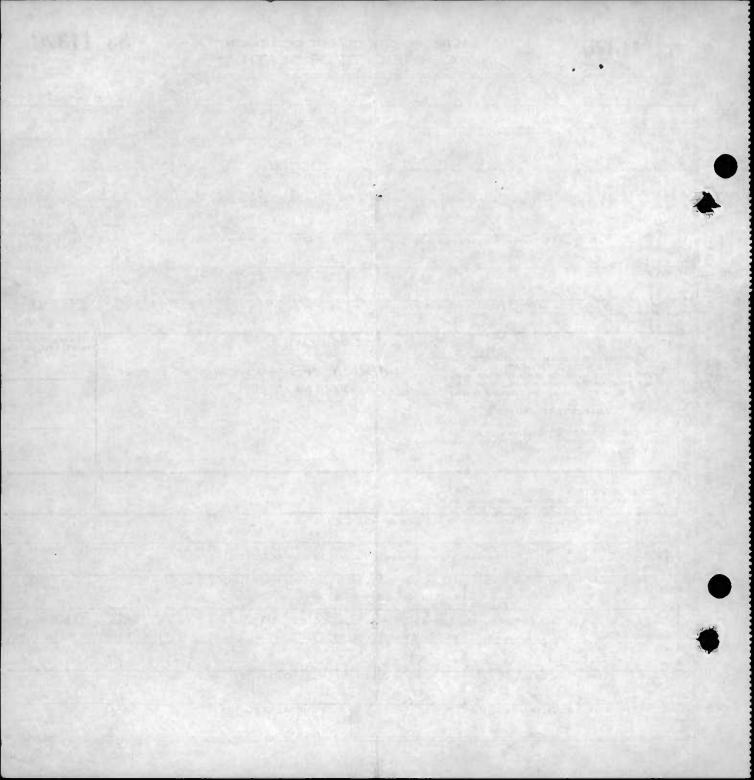
Baltimore

Rita Wiedefeld 900 E. Biddle St

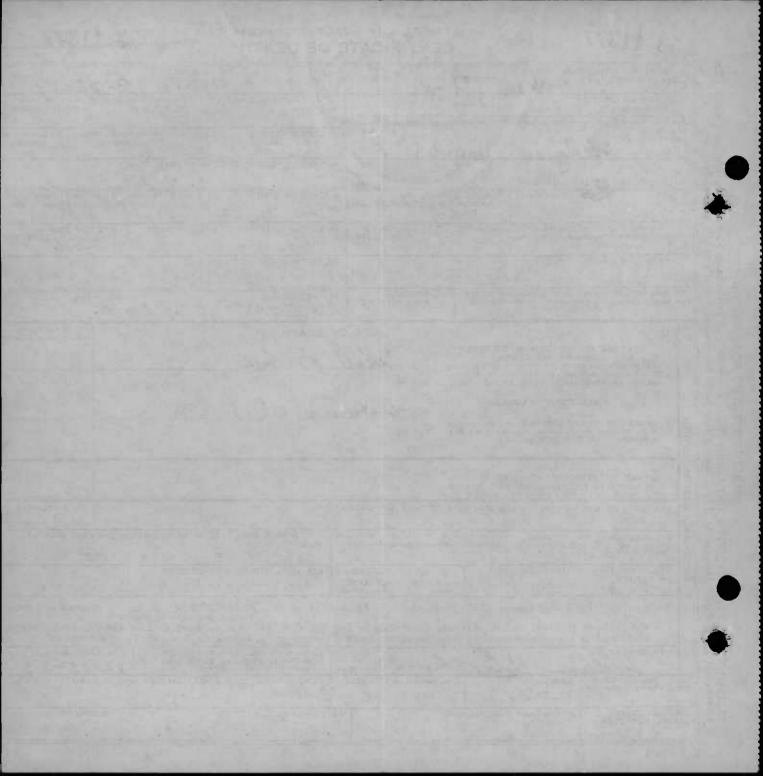
25. FUNERAL DIRECTOR

ADDRESS

11	12.60						
	53 11376 BALTIMORE CITY I	HEALTH DEPARTMENT 53 11376					
	BIRTH NO. 53-29553 CERTIFICATE OF DEATH Registered No.						
	1. NAME OF DECEASED Pamela Diana B	ridges   2. DATE  2/3/53					
	3. PLACE OF DEATH:  A. Baltimore City, Maryland	A. STATE  B. COUNTY before admission)					
	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locatio	c. CITY OR TOWN (If outside corporate limits, write RURAL and give					
	Institution Union Memorial Hospital	132/ township)					
	Yrs Mos	D. STREET ADDRESS (If rural, gife) location)					
	c. Length of stay in Baltimore Day  5. SEX [6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIFVIH 9. AGE (in years) If Under 1 Year   II Under 24 Hours					
	WIDOWED, DIVORCED (Speci	12/4/53   last birthday)   Months Days   Hours Min.					
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUST:	1/19 LX 15 N Cl					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	15. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS					
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	Mother					
	18. 764.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	HEA OF UNKNOWN ORIGIN & MARKED					
	heart failure acthoric ate It manns the diagram	HYDRAMON					
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING						
٠	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
	(C)						
	OTHER SIGNIFICANT CONDITIONS CON-						
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION						
	21a. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.)  CAUSE OF DEATH  21b. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give en INJURY OCCUR?						
	Z1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY						
	m. WORK NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from 12/20, 1953, to 12/23, 1953 that I last saw the						
Y	deceased alive on /2 /23, and that death occurred at 7 75 pm., from the causes and on the date stated about 23A. SIGNATURE, 23B. ADDRESS // // 23C. DATE SIGN						
	B. Shurkitt, Jr. M.D.	Union Memorial Hospital 12/23/3					
	24a. BURIAL, CREMA- TION REMOVAL (Specify)	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
	BURIAL 12-26-33 UAK L	1-25. FUNERAL DIRECTOR ADDRESS					
	LOCAL REGISTRAR Handley Mallacher A	With Broke Bedley, Harlolk					
-	VS 150	1 14 11					



1)	W.6	00								
В	3 113	77	BAI	CERTIFICAT			Registere	3 <sub>No.</sub> 113	77	
	Type or Print) Chyi Stian Manye						2. DATE OF DEATH	2-25-	43	
3. A.	Baltimore (	EATH: City, Maryland	4. USUAL RESIDE	NCE (W			residence ore admission			
H	FULL NAME OF (f not in hospital or institution, give street address or OSPITAL OR location)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give						
1	10	H. Agres	Hosy	Pila Yrs.	D. STREET ADDRE		ural, give location)	0.5	township	
_		tay in Baltimore		Mos. Days	625 N. Et	itaw S	t.			
5.	Male	6.COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	1928	9. AGE (In years last birthday)	If Under I Year Months Days	Hours Min	
worl	A. USUAL OC kdoneduring most Laborer	CUPATION (Give kind of f working life, even if retired)	108. KINE	o of Business OR INDUSTRY	11. BIRTHPLACE (S	tate or for	reign country)	12. CITIZ	COUNTRY	
13	Charli	le l'oore			14. MOTHER'S MAIDEN NAME Purlie Mullins					
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es. no or unknown) (If yes. give war or dates of service) SECURITY NO.			17. INFORMANT Riley Harris		25 W. Eutaw	ADDRESS			
RTIFICATION	heart failu injury or DISEASE: RISE TO T UNDERLY	a not mean the mode of the asthenia, etc. It mean complication which of any of the angle of the	ns the diseas caused death SES F ANY, GIVIN STATING TH ST.	(B) CONTU	sion of	***************************************	à î u			
CERT	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION   19b, MAJOR FINDINGS OF OPER									
AL	T9A. DATE C	F OPERATION T					YES	NO NO		
MEDIC,	UNDERLYING N OR CONTRIB. about home, farm, factory, street, office bldg., etc.)  UTING LI CAUSE OF DEATH.  BOULEVARD  2 ID. TIME (Month) (Day) (Year) (Hour)   2 IE. INJURY OCCURRED   2 OF INJURY   3					Washington Blvd. near Gilford Rd.				
	the evi	dence obtained by ath in my opinion	ge of the	remains described a ppsy, Inspection or I rom: natural eauses	bove, held an A	utopsy, fra said dec suieide [	ps 4  aspection or Inquireased died on  aspection or Inquireased died on  About the control of t	thereon the day sto undetermine 23c. DATE S	ned [].	
TIC	ha. BURIAL, CON, REMOVAL (S.	REMA- 24B. DATE pecify) 12-25-53		AME OF CEMETER Family Cemeter	D. MEDICAL INVE	240. LO	CATION (City, tov	vn, or county)	(State)	
	TE RECEIVE		Rosen	L. C. S. S. S.	m. Cook Inc		2I7 St. Fai	ADDRESS		
V	S 151	N803.2		82	-010				~	



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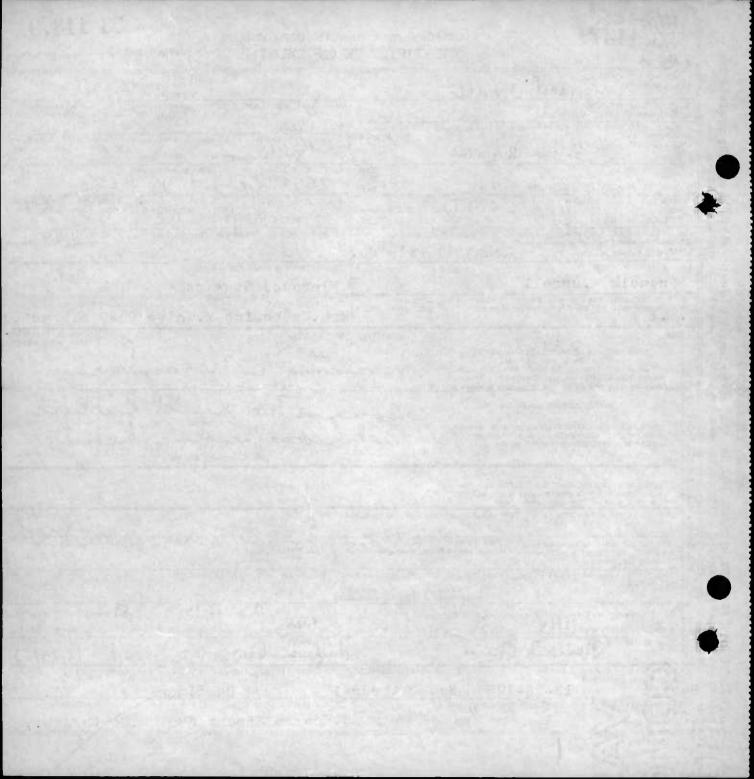
PLEASE WRITE PL

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1		)-6-4-	53 11379						
		53 11379 BALTIMORE CITY HEALTH DEPARTMENT							
		CERTIFICATI							
	_	RTH NO.							
	(Ť	ype or Print) Richard Orrell	2. DATE OF DEATH 12/24/53						
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
	8.	FULL NAME OF (If not in hospital or institution, give street address or							
		OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give						
	1	STITUTION Julieran Hospital	Ballimere 10-0						
840	1	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)						
3		Length of stay in Baltimore Days	2550 W.+azette He #13						
3	5.	SEX 6. COLOR OR RACE 7. SINGLE: MARRIED. (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours Min.  144 11 28/91 9. AGE (In years II Under I Year Months Days Hours Min.						
27.4	10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR doneduring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF						
28	no		Mu. WHAT COUNTRY?						
111	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
חבש		Francis W.Orrell	Florence Stewart						
7	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  S. DO OCUMBNOWD) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS						
2	W.	no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs.Catherine M. White 2550 W. Fayette						
an		18. 420.0 1 CAUSE	OF DEATH						
נו	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
3		(This does not mean the mode of dying, e.g., (A)	enleric theonicosis						
and company of		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
		ANTECEDENT CAUSES	The Versell 188						
	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	growth rear factors						
	ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO CHILL UNDERLYING CONDITION LAST.	chiorelevalie heart						
		(C)	Line and						
101	RTIFIC								
200	T.	OTHER SIGNIFICANT CONDITIONS CON-							
	CE	TO THE DISEASE OR CONDITION CAUSING IT.							
,	اب	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION							
100	21A. ACCIDENT WAS LINDER.   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, give exa								
5.	21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location LYING) OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?								
	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?						
		OF INJURY WHILE AT NOT WHILE							
27	6	m.   WORK   AT WORK	121 1063 17/24 1063 11 11						
ode		22. I hereby certify that I attended the deceased from	red at 6:30 cm., from the causes and on the date stated above.						
		The state of the s	Trea at 5 m., from the causes and on the date stated above.  230. ADDRESS 230. DATE SIGNED						
		Main's Claim	Julian Norpilal 12/24/53						
00 2	24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
1	_	rial 12-26-1953 New Cathedr	al Baltimore Md.						
111	D	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
5	D	FC 2610 Management Navadement	G. Howard Strong 3207 W. North Ave.,						

49045

Ave.,



	53 11380  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No. 11							
	BIRTH	NO. 9 2 3/7/	4	02:::::::::::::::::::::::::::::::::::::	E OF BEATTI			
	(Type or		· -		Kaminiski	2. DATE OF	121162	
		E OF DEATH:	- 1	Malaci et al	4. USUAL RESIDENCE (			
	B. FULL	more City, Maryland NAME OF (If not in hosp	ital or institu	tion, give street address o	MARYLA	N D B. COUNTY	before admission)	
	HOSPITA	AL OR		location		f outside corporate limi	ts, write RURAL and give	
Jy.	40	Maryland Ge	neral	Hospital	BALTIMO	RE L	-03 township)	
egibly	c I and	th of stay in Baltimore		Yrs. Mos.	W2200 12	f rural, give location)		
	5. SEX	6.COLOR OR RACE		E. MARRIED,	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year   If Under 24 Hours	
N H	male	white	WIDOV	WED, DIVORCED (Specif	De.c. 22 /53	last birthday) M	onths Days Hours Min.	
clearly	10A. USU	JAL OCCUPATION (Give kind or ring most of working life, even if retired	10B. KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF	
				MDOSIK			WHAT COUNTRY?	
death	13. FATH	HER'S NAME		-	14. MOTHER'S MAIDEN N	IAME		
- 1	5+a	N/ey antho	ny Ko	2minsKi	Eleanor Virgi	Nia Kami	nsKi	
OI	(Yes, no or t	DECEASED EVER IN U. S. ARMI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS	
causes	140							
	18.	DISEASE OR CONDITION	DIRECTLY		OF DEATH		ONSET AND DEATH	
the	(T	LEADING TO DEA	TH	Co	ngenital al	Electronia)	,	
write	he	art failure, asthonia, etc. It me jury or complication which	ans the discas	se, h.) DUE TO A Z	ngental at			
		ANTECEDENT CAU		7	Julys			
please	Z	SEASES OR CONDITIONS,	IE ANY CIVIL	(B)	***************************************	***************************************		
	E RIS	SE TO THE ABOVE CAUSE (A NDERLYING CONDITION L	STATING T	HE DUE TO				
rnysicians:	141			(C)		***************************************		
ICIA	NATIFIC O	11			0 -1-			
nys	₩ TR	THER SIGNIFICANT CONE	NOT RELAT	ED /	remoturely			
٦,	19A.	THE DISEASE OR CONDITION		FINDINGS OF OPE	RATION		20. AUTOPSY?	
int.	Y AL	0					YES NO	
mportant.	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID OF INJURY						Y OCCUR?		
3			m.	WHILE AT NOT WHILE				
22. I hereby certify that I attended the deceased from, 19, to, 19, deceased alive on / 2 - > / , 19 \( \frac{30}{30} \) and that death occurred at / 2: 30 \( \frac{30}{30} \), from the causes and on							, that I last saw the	
10	deee	ased alive on 2-27	, 19.5			the eauses and on t		
	23A.	SIGNATURE	// //		230-ADDRESS	1 lls bla	23C. DATE SIGNED	
ט		4.1	0. 11	cente M.D.	maryand	Den. orrej	タノイーンド・13	
age	24A. BU TION, REM	ORIAL, CREMA- 24B. DATE	2. /1	24C. NAME OF CEMET	ERY OR CREMATORY 24D. L		or county) (State)	
rect age	24A. BU TION, REM Bure	RIAL. CREMA- OVAL (Specify)	-53	HOLY RO.	SARY GE		LL 184	
correct age	24A. BU TION, REM BATE RE	ORIAL, CREMA- OVAL (Specify)	-53	HOLY RO.				

of the prime

	7	4-430		
The	BI	V. C. F. L. D. C. L.	E OF DEATH Registered No. 1381	
	1. (T)	NAME OF DECEASED JOHN HOLLISAY.	2. DATE OF 24 Dec. 53.	
supplied.	A.	Baltimore City, Maryland Bull with Md.	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admis	
lly	HC	FULL NAME OF (If not in hospital or institution, give street address or INSPITAL OR CHURCH Home or Hospital	C. CITY OR TOWN (If outside corporate limits, write RURAL and	d give
legibly.	_	Length of stay in Baltimore 2 Mos.	D. STREET ADDRESS (If rural, give location) 4907 Herry Red Run Drive	
uld be	5.	6. COLOR OR RACE 7. SHOLE, MARKIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   I Under 1 feat   If Under 2   1	
n shoul	wysk.	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  Rational INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUN	TRY?
atic		will rain R. Horriday.	14. MOTHER'S MAIDEN NAME	
BINDING of inform uses of dea	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT Church Home Thospital Backs	
Every item write the car		470.0	of DEATH  sio Scloppric Heart Disease. Sy.	
ING INK. ns: please	ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
MARGIN I UNFADING Physicians: p	CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	nary Emphyseura. 54+.	•
Hd .	CAL	- 9	RATION 20. AUTOPS	。 X
LY, WITI mportant.	MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., a		
		OF INJURY  OF INJURY  m. 21E. INJURY OCCURRI  WHILE AT HOT WHILE AT WORK		
1.8		19		

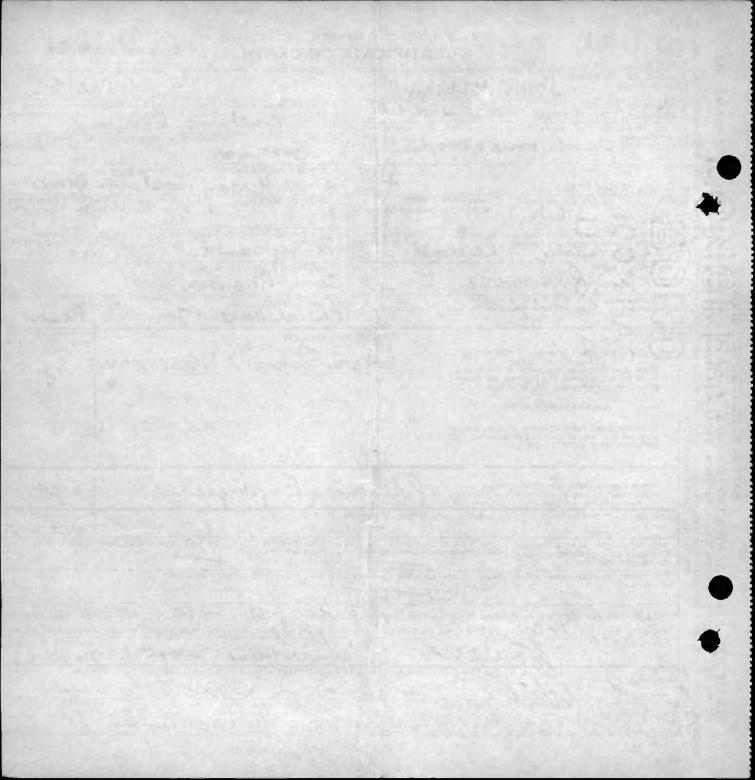
1953, to 24 Dec. , 1953 that I last saw the 22. I hereby certify that I attended the deceased from 23 Dec. deceased alive on 24 Dec, 1953, and that death occurred at 4.15 p.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMENT ERY OR CREMATORY 24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

EUNERAL DIRECTOR

ADDRESS

VS 150



The		3 11382  BALTIMORE CITY HE CERTIFICATI	E OF DEATH Registered No. 11382
		NAME OF DECEASED Mrs. Margaret W. Fulle	enkamp   2. DATE OF DEC. 23, 1953
IDING information should be carefully supplied. of death clearly and legibly.	B. HC	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF OSPITAL OR STITUTION  Pineridge Nursing Home	A. USUAL RESIDENCE (Where deceased lived, If institution; residence  B. COUNTY  before admission)
e careful legibly.	1	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 3530 Parklawn Avenue
uld be	f		Aug. 10, 1884  9. AGE (In years last birthday) Aug. 10, 1884  9. AGE (In years last birthday) Months: Days Hours Min.
on sho	work	a. USUAL OCCUPATION (Give kind of to be such a construction of the	Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY?
NG rmati death		John Debes	14. MOTHER'S MAIDEN NAME Clara Wagner
BINDING of inform uses of dea	15 (Ye	was DECEASED EVER IN U. S. ARMED FORCES?  s, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
RESERVED FOR INK. Every item please write the can	ICATION	2211	OF DEATH  ONSET AND DEATH  ONSET AND DEATH  Lini Schools  Lyfulliasion
MARGIN J UNFADING Physicians: 1	CERTIF	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
н.	ICAL	19a. DATE OF OPERATION 19a. CONDITION FOR WHICH OF WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING   21b. PLACE OF INJURY (	CAUSE OF DEATH, ENTER IN PART I OR PART II YES NO OR Se, in or 2 ic. WHERE DID (If in Baltimore City, give exact location)
LAINLY, WITH	MEDI	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  2 1D TIME (Month) (Day) (Year) (Hour) 2 1E, INJURY OCCURR: OF 1NJURY WHILE AT NOT WHILE AT WORK AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
PLEASE WRITE PL. correct age is especia		22. I hereby certify that I attended the deceased from deceased alive on Nec 23, 1953, and that death occur 23A. SIGNATURE Solution M.D.	, 19 to 23, 19, that I last saw the rred at
EASE rect ag	TI	4A. BURIAL, CREMAY 248. DATE 24c. NAME OF CEMETE ON, REMOVAL (Specify) Burial Dec. 26,1953 Holy Rede	emer Cem . Baltimore, Maryland 25. FUNERAL DIRECTOR ADDRESS
PL	H	OCAL REGISTRAR	Toomand I Prok 5305 Harford Road

Dec. 26,1953 Holy
REGISTRAR'S SIGNATURE

VS 150

RELATED TO 20. AUTOPSY ENTER IN YES [ nore City, give exact location) JR? , 19 , that I last saw the and on the date stated above. 23C. DATE SIGNED 3805/ Selain Pd 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) omer Cem . Baltimore, Maryland
25. FUNERAL DIRECTOR ADDRESS Redeemer Cem . Leonard J. Ruck, 5305 Harford Road.

Dr. Harding.

800 & Belve dere

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2d 5 9126

Figure 1 and 1 of telepoor 1 and 1 and

LAINLY, WITH U.	NFADING	INK.	PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
cially important. Pl	hysicians: I	lease	sially important. Physicians: please write the causes of death clearly and legibly.

# V.S. 153

TIMORE	CITY	HEALIH	DEPARIMENT	
CERTI	FICA	TE OF	DEATH	

Registered No	11383
redistrica 110	

BIRTH NO. 1303 CERTIFICATE OF DEATH							
1. NAME OF DECEASED				2	2. DATE OF		
Mille	r, Katherine	е			DEATH Dece	ember 24	, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESI	IDENCE (When	B. COUNTY		residence ore admission)	
B. FULL NAME OF (If not in he	spital or institution,	, give street address or		aryland			
HOSPITAL OR		iocation)	c. CITY OR TOV		tside eorporate iir	mits, write RU	RAL and give township)
St. Jr	oseph's	V		altimore	1 rim location)	1-01	
		Yrs. Mos.	o. STREET ADD		A CONTRACTOR		
c. Length of stay in Baltimor		Days	8. DATE OF BIR	818 Wood	lea Avenue	If Under 1 Year	If Under 24 Hours
	WIDOWED	D, DIVORCED (Specify)			last birthday)	Months Days	Hours Min.
Female White	Widow		JUNE-3		64	1 10 CITIE	711.05
work done during most of working life, even if ret		F BUSINESS OR INDUSTRY				12. CITIZ	T COUNTRY?
Hwfe.			Ba	altimore,	Md.		
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAM	E		
15. WAS DECEASED EVER IN U. S. Al (Yes, no or nnknown) (If yes, giva war or		6. SOCIAL SECURITY NO.	17. INFORMANT	r	TERRITOR S	ADDRESS	
18. 204.0 1		CAUSE	OF DEATH				VAL BETWEEN
DISEASE OR CONDITION							
(This does not mean the mo	ode of dying, e. g.,	(A) Chron	ic lymphati	ic leukem	nia		
heart failure, asthenia, etc. It injury or complication which		OUE TO					
ANTECEDENT C	AUSES						1111111
		(B)		•••••			
DISEASES OR CONDITION	(A) STATING THE	DUE TO					
UNDERLYING CONDITION		(C)					
DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION UNDERLYING CONDITION OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NO						J	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TO THE DEATH BUT NO		THE					
194. DATE OF OPERATION		ON FOR WHICH OF	PERATION		ON WAS RELATED		UTOPSY?
U 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH (NOTIFY MEDICAL EXAM				PART I OR	PART II	YEB	NO D
OR CONTRIBUTING CAUSE	E OF about home	LACE OF INJURY (			in Baltimore Ci	ty, give exact	iocation)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
OF INJURY  WHILE AT NOT WHILE AT WORK							
22. I hereby certify that I attended the deceased from December 24, 1953 to December 24, 1953, that I la						last saw the	
deceased alive on Dec.							
234 SIGNATURE		2	38. ADDRESS	110., 11	CWW-C		ATE SIGNED
("slag	rio 6. Layu	M. O.	1400 N. C	roline S	Street	Dec.	24. 153
24A. BURIAL, CREMA- 24B. DA	TE 24	C. NAME OF CEMETE			ATION (City, to		
TION, REMOVAL (Specify) /2/2	18/53	Louden	Park	1/20	alto.	ney	
DATE RECEIVED BY REGISTE	RAR'S SIGNATURE		25. FUNERAL D	DIRECTOR		ADDRES	S
LOCAL REGISTRAR	a tra W	11: allege, his	Longel	4. Ruch	h - 5300	5- 7 Hard	rel Rd
7012 1000	A TOP TO STATE OF THE PARTY OF	ALLEAN B. E.		for the same			7 /
VS 150	0			1			

NAME 24 Dec 53

	The
5	PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The cially important. Physicians: please write the causes of death clearly and legibly.
OR BINDIN	causes of
MARGIN RESERVED FOR BINDING	Every it e write the
AGIN RESI	DING INK
MAI	ITH UNFA
	LAINLY, W

L-600 53 11384

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	11384
Registered No.	

	BIRTH NO.							
	1. NAME OF D	ECEASED				2. DATE		
	(Type or Print)	Rober	t N. Lo	ohr		DEATH Dec	ember 23, 1953	
1	3. PLACE OF D					DENCE (Where deceased lived,	If institution: residence	
-	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or			A. STATE	ryland B. COUNTY	before admission)		
	HOSPITAL OR	OF (II not in nospita	ai or institut	location)	c. CITY OR TOV		mits, write laURAL and give	
	INSTITUTION	alias usa	leone Ar	*0 M110	Po	/ 2	township)	
-   -	20	3428 Hic	KOLY AV	Yrs.		Itimore RESS (If rural, give location)		
	- Tanakh of a	A	EO	Mos.				
	c. Length of S	tay in Baltimore	50 yea	E, MARRIED.	8. DATE OF BIR	28 Hickory Avenue		
			WIDOW	ED, DIVORCED (Specify)		last birthday)	Months Days Hours Min.	
.   -	Male	White		rried	Sept. 26,			
	10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) INDUSTRY				II. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	Clerk		Groce	ery	Maryland		USA	
	13. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME			
	John L.	Lohr			Agnes Fa	vorite		
	15. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
1	No	(** Jus, E.ve wat or date	OI BOI FICE)	217-05-5218	Arthur Lohr 3428 Hickory Avenue			
-	1.5	2- 1			OF DEATH		INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY							
		LEADING TO DEAT	TH		ar He	eint Fail	-D Talerin	
	heart failt	re, asthenia, etc. It mea:	ns the diseas	e,				
	injury or	complication which c	aused death	.) DUE TO	0			
		ANTECEDENT CAUS	ES	1	21-0	la # = (-1/1)		
	DISEASE	S OR CONDITIONS, IF	ANY GIVIN	(B)	(2000	Notice In	A	
	RISE TO T	THE ABOVE CAUSE (A)	STATING TH					
	A GREEKE	TING CONDITION EX	31.	(C)		***************************************		
	<u>.</u>	11						
		NIFICANT CONDITIONS						
	DISEASE C	R CONDITION CAUSING		) IRE	***************************************			
	19A. DATE C		98. CONDI	TION FOR WHICH OF	PERATION	IF OPERATION WAS RELATED	IN T	
	A LOCIE					PART I OR PART II	YES NO NO	
	OR CONTRI	ENT WAS UNDERLYI BUTING∐ CAUSE OF	about	b. PLACE OF INJURY ( home, farm, factory, street, office	e.g., in or 21C. WH bldg., etc.) INJURY	ERE DID (If in Baltimore Ci	ity, give exact location)	
	DEATH (NO	TIFY MEDICAL EXAMINE	R)					
		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE		W DID INJURY OCCUR?		
	OF INJURY  MHILE AT NOT WHILE THE NOT WHILE							
	22 11		7 - 7 - 17	descend from Do	10	0 10 Ber 93 10	that I last saw the	
4		y certify that I att	enaea the	aeceasea from	19 15 P	m., from the causes and or	n the date stated shows	
	23A. SIGNA	live on ORe	, 19_2,		3B. ADDRESS	m., from the causes and or	23c. DATE SIGNED	
	ZJA. SIGNA	- Just	21/2,	Mum M. D.	403	1 Follo Hell	19 1240	
0	24A. BURIAL,	CREMA- 24B, DATE	1	24c. NAME OF CEMETE	RY OR CREMATOR	Y 24D. LOCATION (City, to	wn, or county) (State)	
	Burial	Specify)	7.052	Ct Abnahama		Poolel committee	Marriand	
	DATE RECEIVE	Dec. 28		St. Abrahams	25. FUNERAL D	Beckleysville,	Maryland Address	
	LOCAL REGIST		J SIGNATU	Tales As				
1	1567619	35 22 5	aton	VV ALST ALLUNY IN		neral Home 3631	Falls Road	
	VS 150		0	3906	A HOTAL	e F. Durgee		
11				2/08	110000	1.1000		

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### BALTIMORE CITY HEALTH DEPARTMENT

53 11385

9	BIRTH NO. CERTIFICA	TE OF DEATH Registered No.
The	1. NAME OF DECEASED	2. DATE
ģ	(Type or Print) Mrs. Catherine Moses	OF DECEMber 23, 1953
plie	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE  Where deceased lived, If institution: residence B. COUNTY before admission)
ins	B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address location)	
carefully supplied.	1108 Wood Heoghts Avenue	Lonaconing 5/- o township)
red	Yrs Mos	
leg Ca	c. Length of stay in Baltimore 2 months Day	ys   97 Douglas Avenue
should be carefu	5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speciment) Married	July 16, 1876  9. AGE (In years II Under I You   If Under 24 Hours   India 1 I Under I You   India 24 Hours   India 24 Hours
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
tion h	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IG rma leat	James McElvie	Catherine Frazer
R BINDING m of information causes of death cl	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 210-05-0211	17. INFORMANT ADDRESS AVENUE Mrs. Hammond N. Rice 1108 Wood Heights
MARGIN RESERVED FOR ILY, WITH UNFADING INK. Every item important. Physicians: please write the car	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  II  DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NDTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP	CAUSE OF DEATH, ENTER IN YES ND PART OR PART OR PART II YES ND C. (e.g., no or 212. WHERE DID (If in Baltimore City, give exact location)  Bice bldg., etc.)
TE PLAINLY, especially impo	OF INJURY WHILE AT NOT WORK AT W	WHILE
E Pl	deceased alive on 23 Ve, 1952 and that death oc	curred at 4.25 m. from the pauses and on the date stated above.
R. is	23A. SIGNATURE	23B. ADDRESS 23C. PATE SIGNED
	M.D.  ZAA BURIAL CREMATIZAR DATE  24C NAME OF CEME	ETERY OR CREMATORY 24D. LOCATION (City, town, or duply) (State)
22 7	Z4A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEME TION, REMOVAL Specify, Burial Dec. 26, 1953 Lorraine H	
EA	DATE DECEIVED BY A DECISTRAD'S SIGNATURE	1.25 FUNERAL DIRECTOR ADDRESS

WHAT COUNTRY? USA Avenue ADDRESS 1108 Wood Heights INTERVAL BETWEEN DNSET AND DEATH 20. AUTOPSY ELATED TD YES ore City, give exact location) R? , 1953 that I last saw the and on the date stated above. 23c. PATE SIGNED Dity, town, or obunty) Maryland RAR'S SIGNATURE Williams My Burgee Funeral Home 363
Horacl F. Durque ADDRESS 3631 Falls Road

LOCAL REGISTRAR

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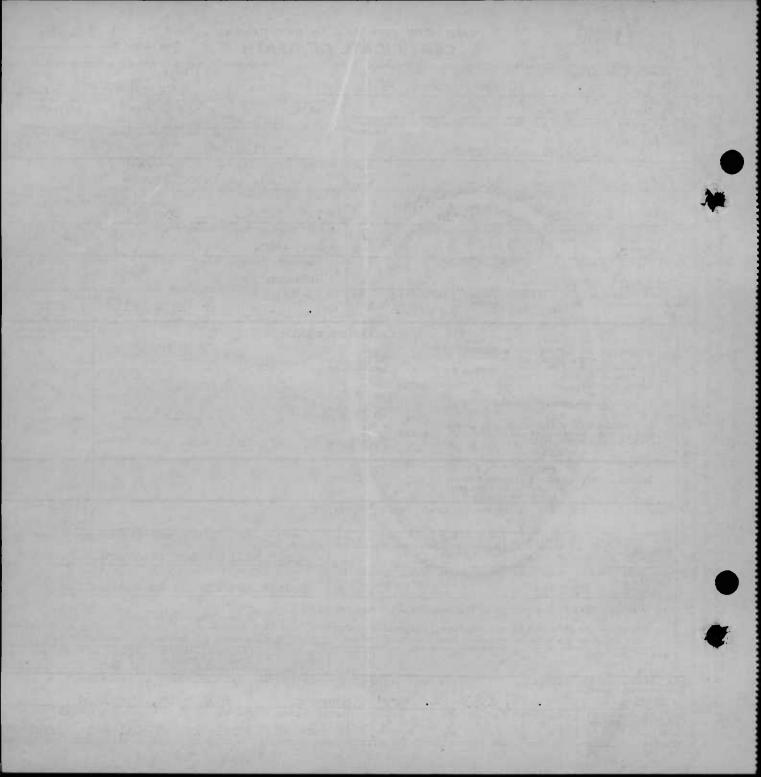
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BII	RTH NO.	386	C	CERTI	IFICATE	OF	DEATH		Regist		} 113	.00
	NAME OF D ype or Print)		SEPH 1	ALLEN	MILLS			2.	OF DEATH	Dec	ember	23. 195
3. A.	3. PLACE OF DEATH: A. Baltimore City, Maryland						RESIDENCE			lived. If	institution	
Ho	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  1432 Dellwood Avenue						Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township and township to the township towns				RAL and give township	
V.		14)2 Dellado	Ja Alveira		Yrs. Mos.	D. STREE	T ADDRESS	(If rura			-0	
_		tay in Baltimore	Life		Days		1432 De					. M.H. d. DA II
	sex Male	6.COLOR OR RACE White	7. SINGLE, WIDOWE Sing.	D. DIVOR	D. CED (Specify)	8. DATE C	about	9.	AGE (In y last birthd		H Under 1 Year onths: Days	Hours Min.
		CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSII	NESS OR INDUSTRY		PLACE (State	or foreig	n country)		12. CITIZ WHA	TCSUATRY
13	FATHER'S	NAME				14. MOTH	ER'S MAIDEN	NAME				
	Unknown					Unkr						
15 (Yes	NO DECEASE	ED EVER IN U.S. ARMEI (If yes, give wer or date	D FORCES?	16. SOCI	AL JEITY NO.	Mrs/	RMANT George Ba	eker	1432	Delî	DDRESS WOOD A	venue
		are, asthenia, etc. It mes complication which		,	***************************************	ary en	DOTUS	•••••	***************************************	••••••••••		***************************************
RTIFICATION	DISEASE RISE TO 1 UNDERL' OTHER S TRIBUTING	complication which cantecepent causes of conditions, in the above cause (A) ying condition Library condition Library condition can can can can can can can can can ca	ans the disease, caused death.) SES IF ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED	(B) DUEX	Throm	ophlet	oitis of			t til	bia	
CERTIFICATION	DISEASE RISE TO 1 UNDERL' OTHER S TRIBUTING	complication which of ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LABORATION LABORATION TO THE DEATH, BUT DISEASE OR CONDITION	ans the disease, caused death.) SES IF ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED	(B)  S  DUEX  (C)	Thromb Fractu	∞phleture of	itis of			t til		AUTOPSY?
L CERTI	DISEASE RISE TO 1 UNDERL' OTHER S TRIBUTING	complication which of ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LAST CONDITION CONDITIO	ans the disease, caused death.) SES IF ANY, GIVING STATING THE AST. ITIONS CONNOT RELATED CAUSING IT	(B)  S  DUEX  (C)	Thromb Fractu	ophlek are of	itis of left fem	ur ar	nd lef		20. YES	X NO
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L CERT	OTHER STRIBUTION  OTHER STRIBUTION  19A. DATE CO  21A. EXTERIUNDERLYIN UTING COF INJURY	complication which of ANTECEDENT CAUSE OR CONDITIONS, INTERPREDICTION LANGUAGE (A) YING CONDITION LANGUAGE (A) ANTECED CONDITION (B) CONDITION (B) CAUSE OR CONTRIBICAL CAUSE OF DEATH.  (Month) (Day) (Year, 1985)	TIONS CONNOT RELATED CAUSING IT.  9B. MAJOR  21B. PLAC about home, far	(E)  FINDING  CE OF IN.  Trm.factory.st  treet	Thromi Fracti S OF OPER JURY (e.g., interest, office bldg., e	ophlek are of  ATION  or 21c. V INJUE Sp 21f. H	oitis of left fem	ur ar (If in	Baltimore	e City, par Di	20. YES give exact ruid Po	location) erk Dr.
EDICAL CERTI	OTHER STRIBUTION TO THE DOTAL STRIBUTION TO THE DOTAL STRIBUTION TO THE DOTAL STRIBUTION OF INJURY Decembers	complication which of ANTECEDENT CAUSE SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LAST TO THE ABOVE CONDITION LAST TO THE DEATH, BUT DISEASE OR CONDITION DE OPERATION I THE CAUSE WAS IN THE CAUSE WAS IN THE CAUSE OF DEATH.  (Month) (Day) (Year, or 1953	ITIONS CONNOT RELATED CAUSING IT.  9B. MAJOR  21B. PLAC about home, far about home, far about home, far about home, far about home.	(B)  (C)  FINDING  CE OF IN.  rm.factory.et  treet  1E. INJUF	Throma Throma Tracti  Fracti  S OF OPER  JURY (e. g., ir treet, office bldg., e  RY OCCURRE  NOT WHILE AT WORK	oophlek are of  or 21c. v te.) 21c. v Sp ED 21F. F	vHERE DID RY OCCUR? Oringhill HOW DID INJ	ur ar (If in	Baltimore	e City, par Di	20. YES give exact ruid Pa	No location)  ark Dr.  5-/2
EDICAL CERTI	OTHER STRIBUTION TO THE DECEMBER  21A. EXTERIUNDERLYIN UTING COMMENCE OF INJURY December 22. I certiful the event of the property of the commence of the comme	complication which antecedent cause of conditions. If the above cause (A) ying condition L/ (Bignificant conditions of the death, But itsease or condition of operation in the cause of contribution of the cause of contribution of the cause of contribution (Month) (Day) (Year, et 8, 1953)  fy that I took character obtained by idence obtained by	TIONS CONNOT RELATED CAUSING IT.  9B. MAJOR  21B. PLACE about home, far and the man and th	(B)  FINDING  CE OF IN.  FINDING  Tron, factory, et  treet  1E. INJUF  HILE AT  WORK  Cemains  OSU. Insu	Thromb Thromb Fracti S OF OPER JURY (e. g., introcet, office bldg., e. g., art work left at work left described at operation or I	ATION  ATION  OF 21c. V  INJUE  Sp  ED 21f. F  ATION  Recommended to the comment of the comment	VHERE DID RY OCCUR? Oringhill ROW DID INJ Edestrian Auto Auto and that sai	(If in Aver	Baltimore nue nea	ar Di	20. YES give exact ruid Pr omobil thereo	location)  erk Dr.  5-/2  e  n and from tated above
MEDICAL CERTI	OTHER STRIBUTION TO THE D  19A. DATE C  21A. EXTERIUNDERLYIN UTING  21b. TIME OF INJURY December 23A. SIGNA	complication which antecedent cause of conditions, in the above cause (A) ying condition Laberta and the above cause (A) ying condition Laberta and the cause of condition of operation of operation (Month) (Day) (Year, er 8, 1953) fy that I took chartidence obtained by both in my opinion ture	ans the disease, caused death.) SES  IF ANY, GIVING STATING THE AST.  ITIONS CONNOT RELATED NOT RELATE	FINDING  CE OF IN.  Trm, factory, at treet  IE. INJUF HILE AT WORK  cmains  osy, Insperom: nat	Thromb Thromb Thromb Fracti S OF OPER JURY (e.g., introcet, office bldg., e.g., introcet, office	ATION  Let 21c. V INJUE Sp 21f. F  X Pe bove, held nquiry, fit accidens a second a s	vHERE DID RY OCCUR? oringhill destrian d an Auto and that said that Said that Medical	(If in Aver	Baltimore nue nea ccurr ack by section or I ased died homicida	auto	20. YES give exact ruid Pi omobil thereo he day st undeterm BC. DATE S	No location)  erk Dr.  5-/2  e  n and from tated above ined   55IGNED , 1953
MEDICAL CERTI	other stributing to the evand de 23A. SIGNA	complication which antecedent cause and conditions, if the above cause (A) YING CONDITION LAST TO THE ABOVE CAUSE (A) TO THE DEATH, BUT DISEASE OR CONDITION DE OPERATION 11 NAL CAUSE OF DEATH. (Month) (Day) (Year, er 8, 1953)  Ty that I took char idence obtained by that in my opinion ture  CREMA- 245 DATE  CREMA- 245 DATE  CREMA- 245 DATE  CREMA- 245 DATE	ans the disease, caused death.) SES  IF ANY, GIVING STATING THE AST.  ITIONS CONNOT RELATED NOT RELATE	FINDING  CE OF IN.  TE. INJUF HILE AT  work  cmains  psy, Insp.  om: nat	Thromb Thromb Tracti S OF OPER JURY (e.g., ir treet, office bldg., e RY OCCURRE AT WORK  described a pection or I fural causes	ATION  are of  Let 21c. V INJUE Sp ED 21f. F  W Pe bove, held nquiry, fiaccid 23B.C ASSIS D. MEDICARY OR CRE	vHERE DID RY OCCUR? ringhill HOW DID INJ edestrian d an Auto auto auto auto auto auto auto auto a	(If in Aver	Baltimore nue nea ccurr ack by section or I ased died homicide MINER	ar D: auto	20. YES give exact ruid Pr omobil thereo the day st undeterm sc. DATE s pc. 23	No location)  erk Dr.  5-/2  e  n and from tated above ined   55IGNED , 1953
D HAND MEDICAL CERTI	other stribution to the December 21a. Exteriunder Lying Lorento 22. I certicate the evand december 23a. Signa.	Complication which antecedent cause of conditions, and the above cause (A) ying condition L.  Sor Conditions, and the above cause (A) ying condition L.  Significant Condition of the death, but the death, but the death, but the death, but the death of t	ans the disease, caused death.) SES  IF ANY, GIVING STATING THE AST.  ITIONS CONNOT RELATED NOT RELATE	FINDING  CE OF IN.  Trm.factory.et  Te. INJUF  HILE AT  WORK  cmains  psy, Insp.  com: nat	Thromb Thromb Tracti S OF OPER JURY (e.g., ir treet, office bldg., e RY OCCURRE AT WORK  described a pection or I fural causes	ATION  AT	vHERE DID RY OCCUR? ringhill HOW DID INJ edestrian d an Auto auto auto auto auto auto auto auto a	(If in Aver	Baltimore nue nea ccurr ack by section or I ased died homicid MINER	ar D: auto auto [Inquiry] l on the D D  L 23	20. YES give exact ruid Pi omobil thereo he day st undeterm BC. DATE S	location)  erk Dr.  5-/2  e  n and from tated above ined [].  FIGNED  (State)

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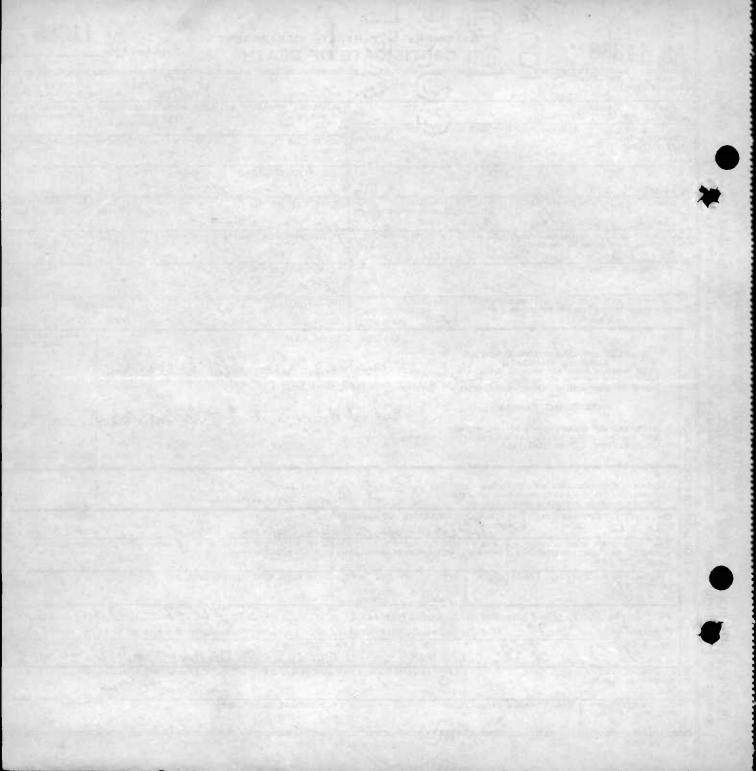
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53	11	38	7

### BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

53	11	38	7
30	-16-16-	30	-

BI	RTH NO.			CERTIFICATI	E OF DEATH	Registe	ered No
	NAME OF D		IPDINE	L. CONNELL		2. DATE OF	Dec.22,1953
Α.		City, Maryland			4. USUAL RESIDENCE (VA. STATE	B. COUN	ved. If institution : residence
H	FULL NAME OSPITAL OR STITUTION	Hoods Nurs 5313 Edmon	sing H	on, give street address or OME Ave.	Baltimo	re	te limits, write RURAL and give township)
_		tay in Baltimore	Life	Yrs. Mos. Days	610 Grantle		ion)
	SEX .	6. COLOR OR RACE	Mar	E. MARRIED. 'ED, DIVORCED (Specify)  ried	8. DATE OF BIRTH May 7.1885	9. AGE (In ye last birthda	Months Daya Hours Min.
		CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f Baltimor		12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S				14. MOTHER'S MAIDEN N Delia Bl	AME	
15 (Yes	. WAS DECEAS s, no or unknown)	ED EVER IN U. S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr.John J.Con		ADDRESS Crantlev St.
CERTIFICATION	DISEASE RISE TO T UNDERLY	LEADING TO DEATOR OF TO THE DEATH, BUT ISEASE OR CONDITION LA	f dying, e. g ns the disease nused death. ES ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B)	ERIOSCUE, COLDR. BI TARITIS	SEASE	
				FINDINGS OF OPER	ATION		20. AUTOPSY? YES NO
MEDICAL		ENT WAS UNDER CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., iz arm, factory, street, office bidg., e	to.) 21c. WHERE DID (1	If in Baltimore	City, give exact location)
~	21D. TIME OF INJURY	(Month) (Day) (Year)	777 40 40	VHILE AT NOT WHILE	21F, HOW DID INJUR	Y OCCUR?	
						23c. DATE SIGNED.	
	VS 150	D BY   REGISTRAR'			25. FUNERAL DIRECTOR	en.	ADDRESS Imondson Ave.

TRUESMONDINGALER AT STREET



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location c. CITY OR TOWN INSTITUTION D. STREET ADDRESS Yrs. Mos c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF on should clearly an WIDOWQQ 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY information Housewiffe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Jo 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) . RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION portant. 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-EDI INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from deccased alive on 12-24-, 1953, and that death occurred at. m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA-24B. DATE NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) SURIN DATE RECEIVED BY

53 11389 Registered No. B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) NOSO 9. AGE (In years | If Under 1 Year | II Under 24 Hours | Inst birthday) | Months: Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN 20. AUTOPSY (If in Baltimore City, give exact location) 1953, that I last saw the

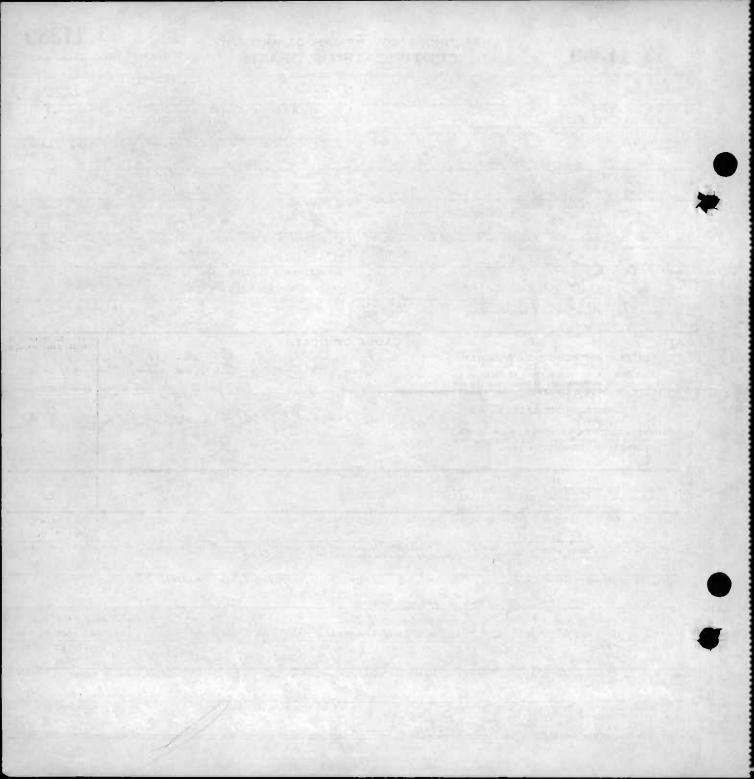
23c. DATE SIGNED

ADDRESS

25. FUNERAL DIRECTOR

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LOCAL REGISTRAR

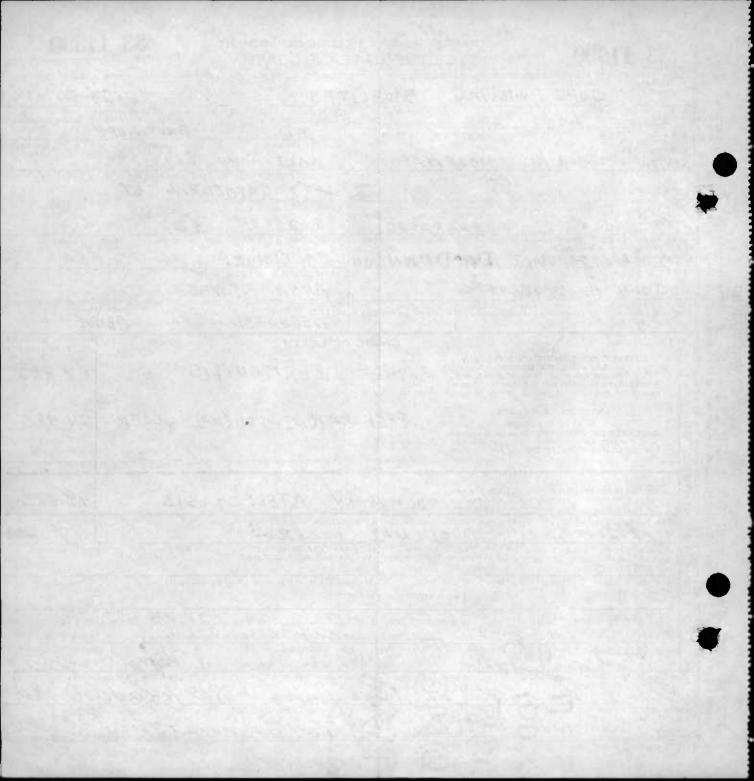


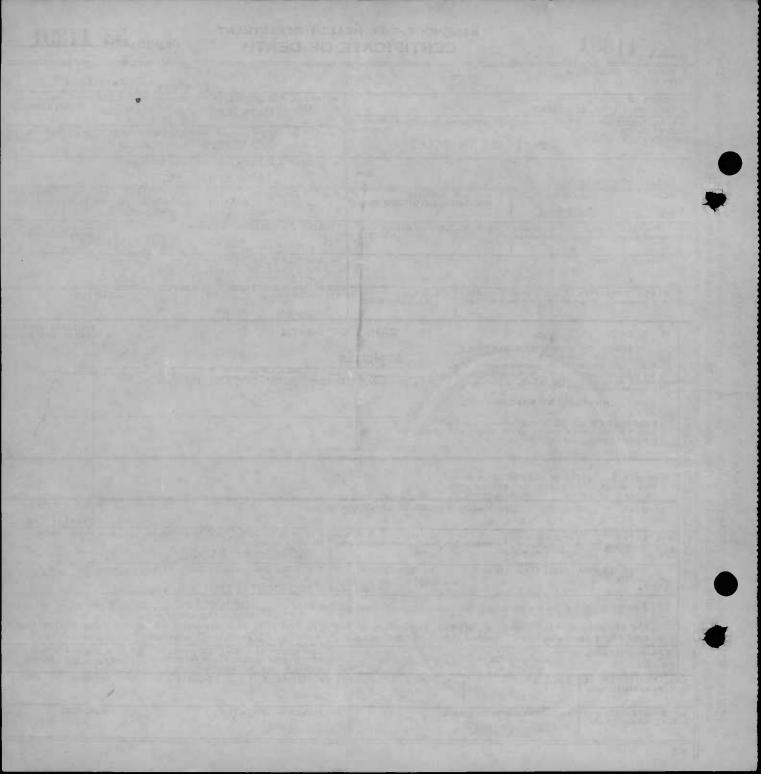
53 11390 Registered No. B. COUNTY before admission) BALTIMORE (If outside corporate limits, write RURAL and give ST. AGE (in years | H Under | Year | H Under 24 Hous last birthday) | Months; Days | Hours: Min. 9. AGE (in years) 12, CITIZEN OF WHAT COUNTRY? USA ADDRESS ABOVE INTERVAL BETWEEN ONSET AND DEATH 24 HRS (If in Baltimore City, give exact location

23c. DATE SIGNED

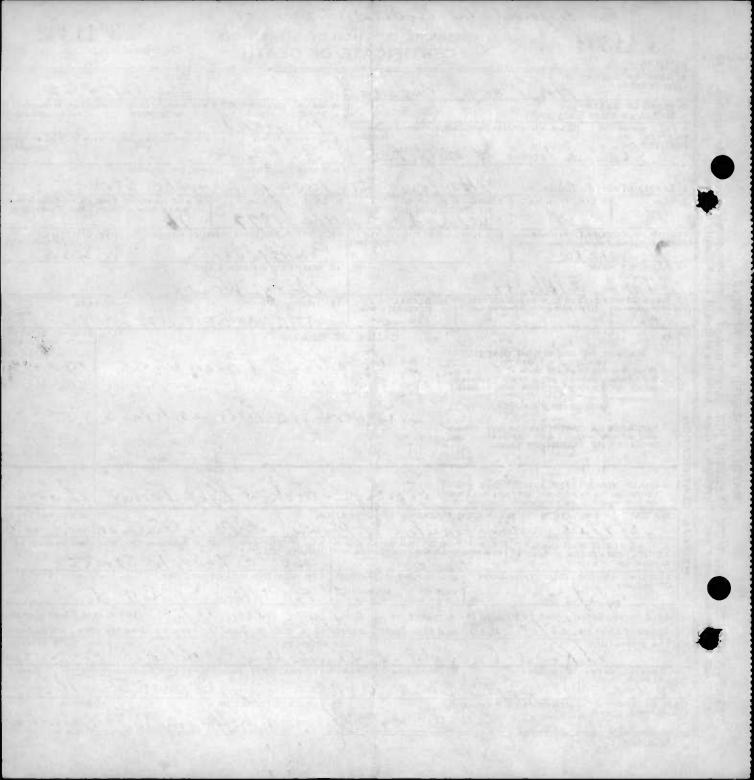
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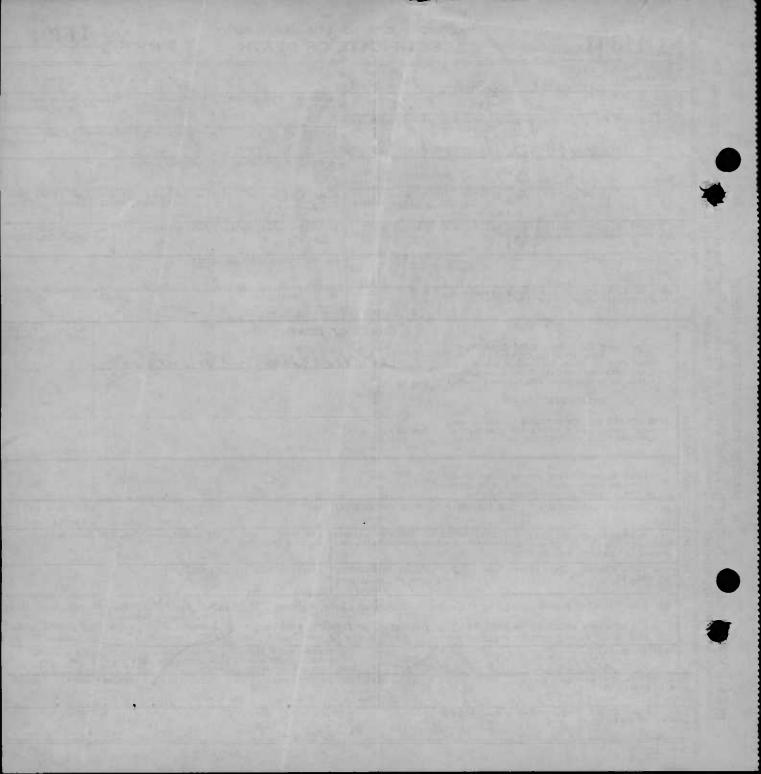
The	1-9430r Approval by 19edical BALTIMORE CITY H CERTIFICAT	EALTH DEPARTMENT 53 11392  E OF DEATH Registered No.		
	1. NAME OF DECEASED (Type or Print) Mrs. Mary MacLeo			
supplied.	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address o	A. STATE  A. STATE  B. COUNTY  before admission)		
IIIy s	HOSPITAL OR location	C. CITY OF TOWN (If outside corporate limits, write RURAL and give township)		
alony.	3.5 Church Home of 170 p. Tal Yrs. Mos.	D. STREET ADDRESS (If rural, give location)		
be c	c. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year   If Under 24 Hours		
should	WIDOWED, DIVORCED (Specify Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11/6/1877 78		
n shou	10A. USUAL OCCUPATION (Give kind of lone. KIND OF BUSINESS OR work done during most of working life, even if retired)  10A. USUAL OCCUPATION (Give kind of lone. KIND OF BUSINESS OR INDUSTRY)			
G natio	13. FATHER'S NAME	14. MOTHER SMAIDEN NAME		
BINDING of information uses of death cle	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yos, no or uphnown) (If yos, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS		
of of	No None	OF DEATH INTERVALE ST		
FO ry it	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	rebral Thrombosis 10 days		
RESER INK.	Injury or complication which caused death.)  ANTECEDENT CAUSES  Z  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	revelized Arteriosclerosis -		
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON.	e-Neck of Right Ferrur 18 days		
ht .	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 12/9/13 Open Reduction 34	PINNING OF Above Fracture YES NO V		
0	21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e. g., LYING OR CONTRIBUTING W  about home, farm, factory, alreet, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?  LANVALE Street		
LY	2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?		
PL	m. WHILE AT NOT WHILL	- 16. Slipped ig Fell GOWN		
Ty	deceased alive on 12/24, 19-3. and that death occur	erred at / = 17 m., from the causes and on the date stated above.		
WRI se i	N. Reed Carroll M.D.	Church Home & Hospital PE 2-4730		
ASE ct ag	24A. BURIAL, CREMA- TION, REMOVAL (Specify)	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)		
PLEASE WR correct age i	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS		
	N-820.0			



53 11393 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) WILLIAM. T. KAROW OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) S. EASTAVE LTIMOR (If rural, give location) Yrs. o. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE If Under 1 Year AGE (In years) If Under 24 Homs last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? MIANHGER OF ARMIK GAR.DENS LTIMORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME YOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. FOWBLE INTERVAL BETWEEN 18. CAUSE OF 20: ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED I TO THE DISEASE OR CONDITION CAUSING IT. U OPERATION 19A. DATE OF PERATION 198. MAJOR FINDINGS 20. AUTOPSY nportant. EDICA 21B. PLACE OF INJURY (e.g., in or about home, farm factory, street, office bldg., etc.) 21c. WHERE DID If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING □ INJURY OCCUR? CAUSE OF DEATH m 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY DCCURRED 21F. HOW DID MAJURY OCCUR? OF INJURY NATHIRLE WHILE AT WORK 1977, and that death occurred at 10 m , 19 J, that I last saw the 22. I hereby certify that I attended the deceased from II deccased alive on from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR waterstoon VS 150

MARGIN RESERVED FOR BINDING

13	CR 443	94	BAI		EALTH DEPARTME	INT Registered	3 11394
	NAME OF D	53-1601 ECEASED	5	CLITTICAT	L OI BEATH	I 2. DATE	
	Type or Print)	Denese	Damo	М			-25-53
	. PLACE OF D		Baltim	ore	4. USUAL RESIDENC	E (Where deceased lived.  B. COUNTY	If institution: residence before admission)
В	FULL NAME	_ * /		tion, give street address or			
	NSTITUTION	5 110	2 . /.	location)	C. CITT OR TOWN	(If outside corporate lim	nits, write RURAL and give township)
:   -	(ACB)	DOUTH 13	1/4im	NE OM NORS	Baltimore	- C -	
	Tonath of a	tay in Baltimore	ife	Mos.		(If rural, give location)	
5	. SEX	6. COLOR OR RACE	7 SINGLE	Days E. MARRIED,	IIII Race S	1-7 9. AGE (In years)	If Under 1 Year   If Under 24 Hours
and	F	C	WRSW	LED DIVORCED (Specify)	7/13/53	last birthday)	Months Days Hours Min.
NOI	OA. USUAL OC	CUPATION (Give kind of working life, even if retired	of 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
<u>ت</u>	None				Baltimore,		WHAT COUNTRIE
= II .	3. FATHER'S N				14. MOTHER'S MAIDE	N NAME	
ŭ	Leo Damo				Rose Mary Bi	rley	
(Y	es, no or unknown)	D EVER IN U. S. ARMI (If yes, give war or day	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
20					RoseLary Dan	non -IIII Ra	ce Street
re rue can	(This does	SE OR CONDITION LEADING TO DE, not mean the mode re, asthenia, etc. It me complication which	ATH of dying, e. peans the diseas	8., (A) Tu	OF DEATH	Reumoni	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	DISEASES RISE TO T	ANTECEDENT CAL S OR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION L	IF ANY, GIVIN				
ERTIF	TRIBUTING	II IGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITIO	NOT RELATE	ED			
J				FINDINGS OF OPER	ATION		20. AUTOPSY?
AL AL		100000000000000000000000000000000000000					YES NO
EDIC	UNDERLYING	IAL CAUSE WAS G [] OR CONTRIB CAUSE OF DEATH	about home, f	ACE OF INJURY (e. g., i arm,factory,street,office bldg.,		(If in Baltimore City,	give exact location)
Σ	21D. TIME ( OF INJURY	Month) (Day) (Year		ZIE. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		JURY OCCUR?	
The contract of the contract o	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry, find that said deceased died on the day and death in my opinion resulted from: natural causes L. accident , suicide , homicide , undete						
200	23A. SIGNAT		1/2/2	SA		CAL EXAMINER 2	3c. DATE SIGNED
	4A. BURIAL. C ON, REMOVAL (S)		4		RY OR CREMATORY 24		n, or county) (State)
	urial	I2/28/	53	Magothy Chu	rch Ct. M	agothy.A.A.C	Md -
	ATE RECEIVED	RAR	SIGNATO		25 FUNERAL DIRECT		ADDRESS
V	S 151		Ď.		108W	mentson	rens StV



BINDING

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MARGIN

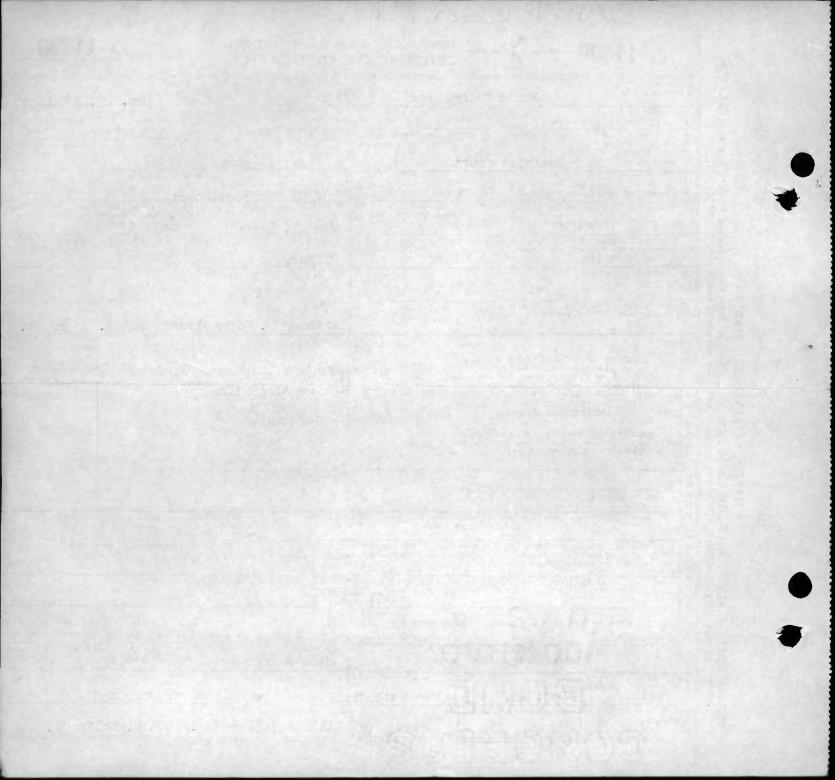
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The

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11396

BIRTH NO.							
1. NAME OF DECEASED	2. DATE						
(Type or Print) Maria Cinquegrani	DEATH Dec. 23, 1953						
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY hefore admission)						
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locati							
INSTITUTION	On) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
2401 Dumfries Court	Baltimore						
Yr Mo	The state of the s						
c. Length of stay in Baltimore 50 Years Da	2001 Dumfries Court						
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific process)	8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year   Il Under 24 Hours						
Female White Widow	Jan 11, 1860 93						
10A. USUAL OCCUPATION (Givekiod of 10B. KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country)   12. CITIZEN OF						
work dooe during most of working life, even if retired) Housewife Own Home	Italy WHAT COUNTRY?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
15 WAS APPROACH	?						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (Yes, no or unknown)   (If yes, give war or dates of service)   SECURITY NO	17. INFORMANT ADDRESS						
	Anthony J. Cinquegrani 225 E. 33 rd St.						
18. 447 x . CAUS	E OF DEATH INTERVAL BETWEEN DINSET AND DEATH						
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	eneralized asterio clips seas						
	rith hypertension						
injury or complication which caused death.) DUE TO	The supportunistes						
ANTECEDENT CAUSES	seuilite.						
Z DISTANCES OF CONDITIONS IT ANY SWINDS	saner.						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)							
0	(C)						
DTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
1. TO THE DEATH BUT NOT RELATED TO THE							
OISEASE OR CONDITION CAUSING IT.	OPERATION   IF OPERATION WAS RELATED TO   20. AUTOPSY?						
→ WAS PERFORMED	CAUSE DF DEATH, ENTER IN						
V 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUR	PART I DR PART II YES NO						
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY OR CONTRIBUTING   CAUSE OF DEATH (NDTIFY MEDICAL EXAMINER)	fice bldg., etc.) INJURY OCCUR?						
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?						
	WHILE						
III. I WORK L.J AT	m.   WORK L. AT WORK L.						
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last saw the						
deceased affect on Acc. 23, 19 3, and that death oc	curred at 10:10, m., from the causes and on the date stated above.						
23A. SIGNATURE HELLES armanas 23B. ADDRESS 1 LIVEUS are Balto 23. DATE SIGN							
Relief Womanas M.D.							
TION_REMOVAL (Specify)	TERY DR CREMATORY 24D. LOCATION (City, town, or county)						
Burial   Dec. 28, 1953 New Cathe							
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
LUZO 33 Hartanton Whiame	Lilly & Zeiler Inc., 403 S. Wolfe St.						
VS 150							



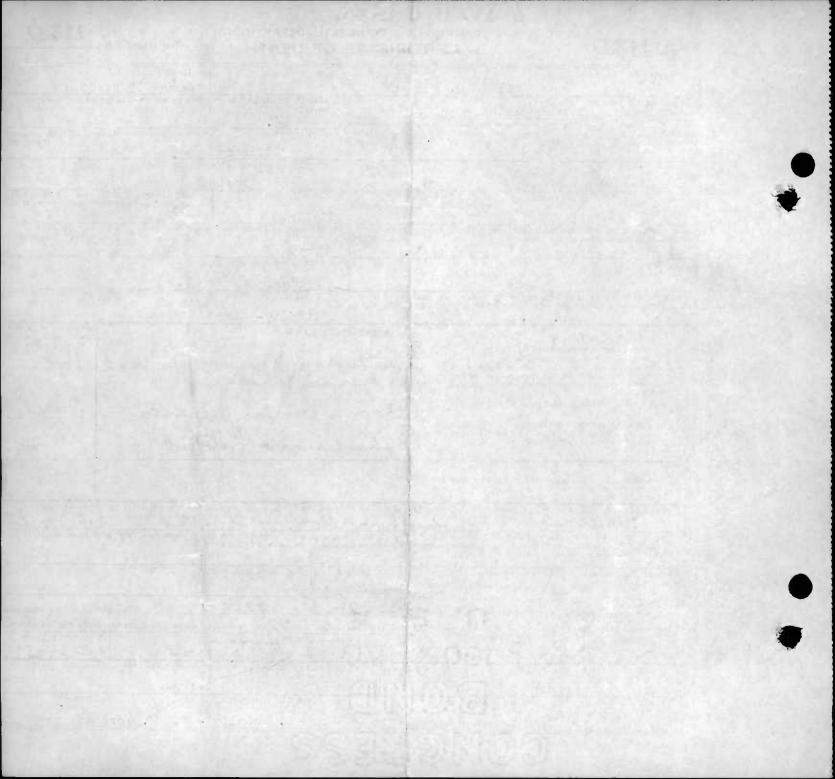
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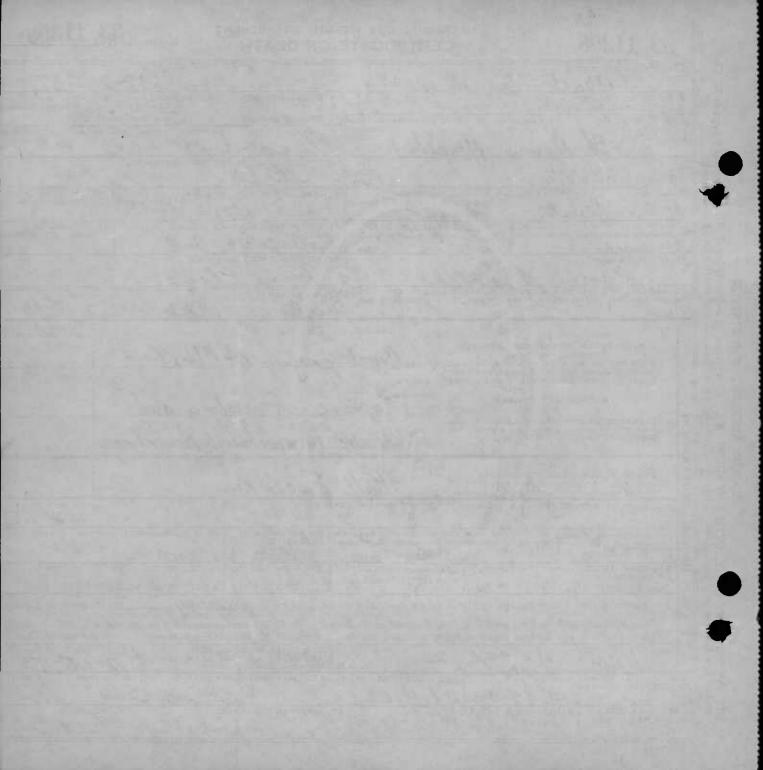
VS 150

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	11397
Registered	No_	22001

The	53 11397 CERTIFICA	TE OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print)  PETER H. SCHEELER	2. DATE OF DEATH T2/24/53
IDING information should be carefully supplied.	3. PLACE OF DEATH:  A. Baltimore City, Maryland 3541 Horton Avenue	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
ully su	B. FULL NAME OF (If not in hospital or institution, give street address locat INSTITUTION	
caref	M	rs. D. STREET ADDRESS (If rural, give location) los. ays 3541 Horton Avenue
ald be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH  12/21/76  9. AGE (In years last birthday)  12/21/76  9. AGE (In years last birthday)  Months Days Hours Min.
n shor	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Printer  Rogers & Co.	
G matio	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Fredericka ?
BINDING of inform uses of dea	Peter  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY No.	17. INFORMANT ADDRESS
Rem	Yes Sp. Am.  18. Hww. / And / J / CAUS DISEASE OR CONDITION DIRECTLY	SE OF DEATH , INTERVAL BETWEEN ONSET AND DEATH
T NT	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	Te Commy O column Perphind This
RESERVED INK. Ever please write	ANTECEDENT CAUSES	ming Viscola aliseana 542
RGIN RE ADING IN	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	inocarimons of Stomach 2440
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
hed	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH	PART I OR PART II
Y, WI	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJUF OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	office bidg.,etc.) INJURY OCCUR?
FE PLAINLY, WITH	OF INJURY WHILE AT NOT	T WHILE
E PL	deceased dive on 1.2-23, 1953, and that death o	2-5 152 to 12-24, 19-, that I last saw the occurred at 12 4m from the causes and on the date stated above.
WRI	23A. SIGNATURE M. D	23B. ADDRESS
ASS	B 12/26/53 Cedar H	ill Baltimore
PLEAS correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE	James L. McCully - I30 E. Fort Avenue

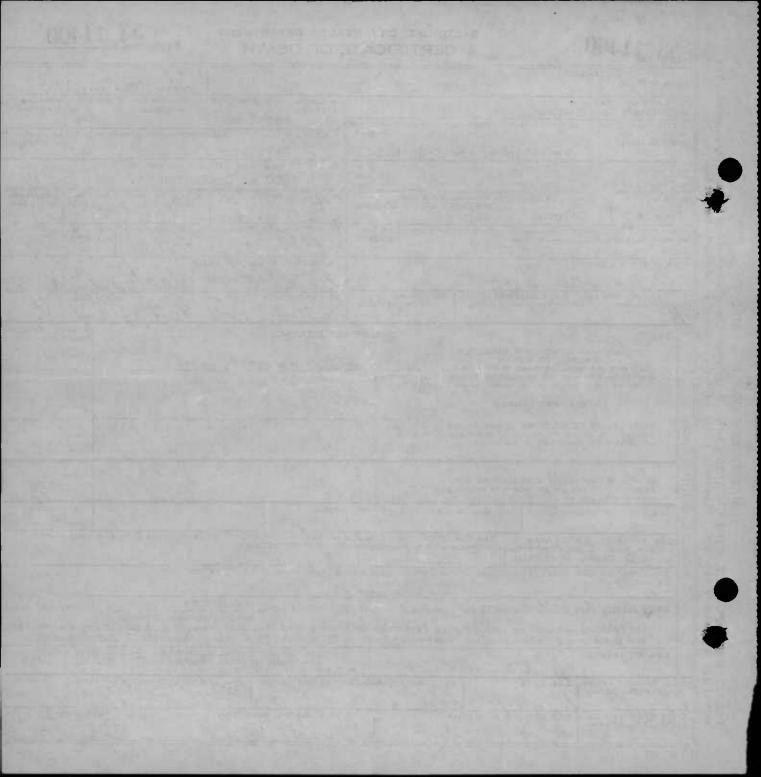




	13 113 IRTH NO.	39		CERTIFICAT	E OF DEATH		3, 11399
	NAME OF D		Margar	et Lentz		2. DATE OF Dec	24 1953
	PLACE OF D				4. USUAL RESIDENCE		
В.				on, give street address or location)		rland	
	ISTITUTION			20040000	c. CITY OR TOWN (I	() (	nits, write RURAL and towns
				Life Yrs.	D. STREET ADDRESS (If		
		tay in Baltimore		Days	4409 Belle		
5.	SEX	6. COLOR OR RACE	WIDOW	. MARRIED. ED, DIVORCED (Specify)		9. AGE (in years last birthday)	If Under 1 Year If Under 24 H Months Days Hours M
10	Female	White CUPATION (Givekind of		ngle OF BUSINESS OR	Nov 15 1874		
vorl	At h	of working life, even if retired)	TOB. KIND	INDUSTRY			12. CITIZEN OF WHAT COUNT
13	FATHER'S				14. MOTHER'S MAIDEN N		
		Henry L	entz		Mary V	Volf	
15 (Ye	MAS DECEASI	D EVER IN U. S. ARMET	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				SEGOMITI NO.	Earl H Lentz	4402 Belle	Ave
		ANTECEDENT CAUS	caused death. SES	) DUE TO	+ . 00	+ . 0 .	
CATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	SES F ANY, GIVIN STATING TH	(B)	rteno-Scless Vascular	the bands	v 5 yrs
FICA	RISE TO T	S OR CONDITIONS, 1	SES F ANY, GIVIN STATING TH	(B)	rteno-Sclen Vascular	the bands	v. 5 yrs
∢	OTHER STRIBUTING	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LAST CONDITION LAST CONDITION CONDITION TO THE DEATH, BUT USEASE DR CONDITION	F ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE CAUSING IT	(B) (B) (C) (C) (C)	Vascular Vascular	the bands Disease tis	v 5 yr 2 week
ERTIFICA	OTHER STRIBUTING	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LAST CONDITION LAST CONDITION TO THE DEATH, BUT USEASE OR CONDITION	F ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE CAUSING IT	(B)	Vasculus Vasculus restal - Leun	tre bando Disease tis	2 weh
L CERTIFICA	OTHER STRIBUTION TO THE D	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LAST CONDITION LAST CONDITION CONDITION TO THE DEATH, BUT USEASE DR CONDITION	F ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR	(B) (B) (C) (C) (C)	in or   21c. WHERE DID (	Disease  tis	20. AUTOPSY YES NO 7, give exact location)
DICAL CERTIFICA	OTHER STRIBUTION TO THE DISTANCE OF THE DISTAN	S OR CONDITIONS, ITHE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT SISSASE DR CONDITION OF OPERATION TO THE CONDITION OF OPERATION OF THE CONDITION	F ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR  2 1B. PLA. about home, fa	GE DUE TO  (C)  FINDINGS OF OPER  CE OF INJURY (6.8.1)	in or 21c. WHERE DID (etc.) INJURY OCCUR?		YES NO
DICAL CERTIFICA	OTHER STRIBUTION TO THE DISTANCE HOMICIDE  21A. ACCIDE HOMICIDE  21D. TIME OF INJURY	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION IN THE DEATH, BUT ISEASE DR CONDITION OF OPERATION IN THE CONDITION OF OPERATION OPPORTUNITY OF OPERATION OPPORTUNITY	F ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR  21B. PLA about home, fa	GE DUE TO  (C)  (C)  FINDINGS OF OPER  CE OF INJURY (e. g., i  um, factory, street, office bldg.,  THE INJURY OCCURR  HILE AT NOT WHILE  WORK AT WORK  deceased from	in or 21c. WHERE DID (etc.) INJURY OCCUR?  ED 21f. HOW DID INJUR	y occur?	YES NO N, give exact location)  S, that I last saw
DICAL CERTIFICA	OTHER STRIBUTION TO THE DISTANCE HOMICIDE  21A. ACCIDE HOMICIDE  21D. TIME OF INJURY	SOR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA STATE OF THE DEATH, BUT INSEASE DR CONDITION OF OPERATION (Specify)  (Month) (Day) (Year) The Condition of the Death, But I attain the Condition of the C	F ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR  21B. PLA about home, fa	GE DUE TO  (G)  FINDINGS OF OPER  CE OF INJURY (e.g., i urm, factory, street, office hidg.,  THE INJURY OCCURR  WORK NOT WHILE AT WORK  deceased from deceased from and that death occurs	in or 21c. WHERE DID (etc.) INJURY OCCUR?  21f. HOW DID INJUR  4c. 14 , 1950, to 2  rred at5.30 f. m., from the	y occur?	YES NO No give exact location)  S, that I last saw the date stated abo
DICAL CERTIFICA	OTHER STRIBUTION TO THE DISTANCE HOMICIDE  21A. ACCIDE HOMICIDE  21D. TIME OF INJURY	SOR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA STATE OF THE DEATH, BUT INSEASE DR CONDITION OF OPERATION (Specify)  (Month) (Day) (Year) The Condition of the Death, But I attain the Condition of the C	F ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR  21B. PLA about home, fa	GE DUE TO  (C)  (C)  FINDINGS OF OPER  CE OF INJURY (e.g., im, factory, street, office bidg., im, factory work at deceased from and that death occur.	ED 21c. WHERE DID (etc.) INJURY OCCUR?  21f. HOW DID INJUR  (c. 14, 195), to 2  23g. ADDRESS (12, 12)	y occur?	YES NO No yeive exact location)  S, that I last saw the date stated about 23c. DATE SIGN
MEDICAL CERTIFICA	OTHER STRIBUTION TO THE DISTANCE HOMICIDE  21A. ACCIDE HOMICIDE  21D. TIME OF INJURY	SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION DE TO THE DEATH, BUT SEASE DE CONDITION DE OPERATION TO THE SEASE DE CONDITION DE CONTROL	F ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR  21B. PLA about home, for the causing it will be caused the	GE DUE TO  (G)  FINDINGS OF OPER  CE OF INJURY (e.g., i urm, factory, street, office hidg.,  THE INJURY OCCURR  WORK NOT WHILE AT WORK  deceased from deceased from and that death occurs	in or 21c. WHERE DID (etc.) INJURY OCCUR?  Z1F. HOW DID INJUR  LC. 14, 1953, to 2  rred at 5.30 f. m., from to 238. ADDRESS	Y OCCUR?  Line causes and on  Line Causes (City, tow	YES NO No give exact location)  So that I last saw the date stated about 123c. DATE SIGN 12-126/19 No, or county) (State 1-12-12-12-12-12-12-12-12-12-12-12-12-12
MEDICAL CERTIFICA	OTHER STRIBUTION TO THE DISTRIBUTION TO THE DI	SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA YING CONDITION LA GRAPH CONDITIO	F ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR  21B. PLA about home, far about home, far we will be about home, far about home, far about home, far we will be about home, far about	GE DUE TO  (C)  (C)  FINDINGS OF OPER  CE OF INJURY (e.g., 1 m., factory, street, office bidg., 1 m., factory, street, off	21c. WHERE DID (etc.) INJURY OCCUR?  21f. HOW DID INJUR  22f. HOW DID INJUR  22f. HOW DID INJUR  22f. ADDRESS  23f. ADDRESS  23f. ADDRESS  23f. ADDRESS  23f. ADDRESS  24f. OS Solvetty  24c. LY  27f. OS CREMATORY  46c. LY  27f. OS CREMATORY  47f. OS C	Y OCCUR?  Line causes and on  H. C.	YES NO No y, give exact location)  S3, that I last saw the date stated about 123c. DATE SIGN YEAR, or county) (Stawn Md
MEDICAL CERTIFICA	OTHER STRIBUTION TO THE DISTANCE OF INJURY  21A. ACCIDE HOMICIDE  21D. TIME OF INJURY  22. I hereb deceased aid 23A. SIGNATA ON, REMOVAL (SE	SOR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA STATE OF THE PROPERTY OF THE ABOVE CAUSE (A) YING CONDITION LA STATE OF THE ABOVE CAUSE (Specify)  Month) (Day) (Year)  We certify that I atter of the Above Cause of	F ANY, GIVIN STATING THE AST.  ITIONS CON NOT RELATE CAUSING IT 9B. MAJOR  21B. PLA about home, far 10 (Hour) 2  1953. SEIGNATION 2  1954. SEIGNATION 2  1955. SEIGNATION 2  1955. SEIGNATION 2  1956. SEIGNATION 2  1956. SEIGNATION 2  1957. SEIGNAT	GE DUE TO  (C)  (C)  FINDINGS OF OPER  CE OF INJURY (e.g., 1 m., factory, street, office bidg., 1 m., factory, street, off	in or 21c. WHERE DID (etc.) INJURY OCCUR?  LED 21f. HOW DID INJUR  LED 21f. HO	y occur?  24, 24, 19  the causes and on  44, C.  OCATION (City, tow	S, that I last sar the date stated at 23c. Date Sig /2/26/vn, or county) (St

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11	5-000	50 4440
	ro 44400	E OF DEATH Registered No. 11400
В	IRTH NO. 53-1560   CERTIFICATI	E OF DEATH
1.	NAME OF DECEASED (Type or Print)  BARBARA ANN SYE	2. DATE OF Dec. 24, 1953
	. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission Maryland
H	OSPITAL OR location)	
	Franklin Square Hospital	Baltimore / O - O
	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED,	907 W. Lexington St.  18. DATE OF BIRTH   9. AGE (In years)   If Under 14 Hours
	Female Colored WIDOWED, DIVORCED (Specify)	
1	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRT/APLACE (State or foreign country)   12. CITIZEN OF
WO	rk done during most of working life, even if retired) INDUSTRY	Balto. Md. WHAT COUNTRY
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Clarence Sye	Callene WashIngton
CX	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	No	Planence sigh 10 M. Let St.
	3 / / . 0	OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ral acute otitis media
	(This does not mean the mode of dying, e.g., (A) .B112.LEI heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	rai acute du us seula
	ANTECEDENT CAUSES	
1	(B)	
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
, NA	UNDERLYING CONDITION LAST. (C)	
RTIFICATION	II CONFIDENCE	
RT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
CE	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	
AL		YES X NO
DIC/	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., c	
ME	UTING CAUSE OF DEATH.  210. TIME (Month) (Day) (Year) (Hour)   216. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
-	OF INJURY WHILE AT NOT WHILE	
	22. I certify that I took charge of the remains described a	above, held an autopsy thereon and from
		Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above
	and death in my opinion resulted from: natural causes	s $\overline{\mathbf{x}}$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ ,
	23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER
-		I.D.   MEDICAL INVESTIGATOR
7	AA. BURIAL CREMA- 248. DATE 20C. NAME OF COMETY ON REMOTAL (Specify)	un Cem Balton Mal
	PATE RECEIVED BY REGISTERAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 321
	OCAL REGISTRAR	Mis Katie, RWilliams, Schra in it
V	S 151	



PLEASE WRIT

correct age

(	0	-636
	1	53 11401
211	1	NAME OF DECEASED ype or Print)
enphinen.	3. A. B.	PLACE OF DEATH: Baltimore City, Man
2	IN	SSPITAL OR STITUTION Bal
arly and egibly.	5.	Length of stay in B: SEX 6.COLOR Male Col A. USUAL OCCUPATION Company of the color working life
te causes of death clearly	13 15 (Yes	
rite the causes		DISEASE OR C LEADIN (This does not mear heart failure, astheni injury or complicat
please wi	ATION	ANTECEI DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON
Physicians: please	CERTIFICATION	OTHER SIGNIFICATING TO THE TO THE DISEASE OF 19A. DATE OF OPERA
mportant.	MEDICAL	21A. EXTERNAL CAUSE UNDERLYING CAUSE OF CAUSE (Month)
lly impo		OF INJURY

PLACE OF DEATH:

BALTIMORE CITY HE		Registered Nd 1401
BABY CARTE	R	of Dec. 22, 1953
l or institution, give street address or	4. USUAL RESIDENCE (W) A. STATE Maryland	here deceased lived. If institution: residence  B. COUNTY before admissi
City Hosp.	c. CITY OR TOWN (If a Baltimore	outside corporate limits, write RURAL and g
Yrs. Mos. Days	D. STREET ADDRESS (If r 1035 W. M	ural, give Meation) ulberry St.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	De. C. 22,1963	9. AGE (in years   H Under I Year   H Under 24 H   Months Days Hours M   10 hrs
10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12. CITIZEN OF WHAT COUNTRY

Dalomore Or				Marylan	d	
FULL NAME OF	F (If not in hospital	l or institution,	give street address or location)			
STITUTION					(If outside corporate limits,	write RURAL and giv
	Baltimore (	City Hos	p.	Baltimo	re /	
			Yrs.	D. STREET ADDRESS	(If rural, give location)	
Length of sta	v in Baltimore		Mos. Days	1035 W.	Mulberry St.	
		7. SINGLE. N	ARRIED.	B. DATE OF BIRTH		nder 1 Year   If Under 24 Hours
		WIDOWED	, DIVORCED (Specify)	Da = 99 100	last birthday) Mont	hs Days Hours Min
Male	Colored	<u> </u>		Dec. 22,196		10 hrs.
	UPATION (Give kind of rorking life, even if retired)	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	2. CITIZEN OF WHAT COUNTRY
. FATHER'S NA	ME -			14 MOTHER'S MAIDEN	NAME	75.7.00
Ear/	Cari	ten		Mac 19	7/	
	EVER IN U. S. ARMED		6. SOCIAL	17 DIFORMANT	0 111 0 1 101	DRESS /
, no or onknown)	(It yes, give war ar dutes	DI BELVICE)	SECURITY NO.	PAIN (MILLER	149 W. 41	rent lich
10 00 /	4-		CAUGE	OF DEATH	1.1.0	INTERVAL BETWEE
18. 76	7.01		CAUSE	OF DEATH		ONSET AND DEAT
	OR CONDITION DEAT		-			
(This does r	not mean the mode of	dying, e. g.,	(A) Fetal a	telectasis		*****
heart failure	e, asthenia, etc. It mean	used death.)	DUE TO			
	There is deliver					
A	NTECEDENT CAUSI	ES				
DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)	***************************************		•••••
RISE TO THE	E ABOVE CAUSE (A)	STATING THE	DUE TO			
UNDERLYI	NG CONDITION EAS	>1.	(C)	••••••		****
OTHER SIG	II SNIFICANT CONDIT	TIONS CON-				
TRIBUTING "	TO THE DEATH, BUT N	NOT RELATED				
	COMPATION 10	THE R. LEWIS CO., LANSING, MICH.	INDINGS OF OPER	ATION		20. AUTOPSY?
19A. DATE OF	OPERATION 19	B. MAJOR F	INDINGS OF OFER	ATTON		YES X NO
		015 81 465	OF INJURY (e.g., i	p pr   21c, WHERE DID	(If in Baltimore City, giv	
UNDERLYING	CAUSE WAS OR CONTRIB-		, factory, street, office bldg.,		(II in Building City, g.)	
	lonth) (Day) (Year)	(Hour)   21	. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
OF INJURY		WHI	LE AT NOT WHILE			

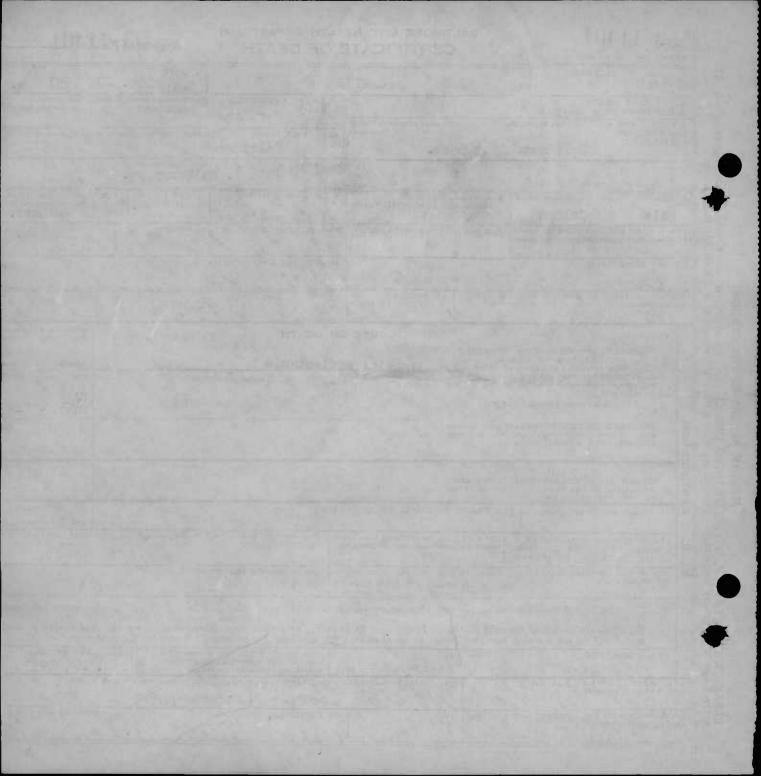
autopsy 22. I eertify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry find that said deceased died on the day stated above,

and death in my opinion resulted from: natural eauses \( \overline{\overline{\pi}} \), accident \( \overline{\pi} \), suicide \( \overline{\pi} \), homicide \( \overline{\pi} \), undetermined \( \overline{\pi} \).

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR ..... 23A. SIGNATURE

24A. BURIAL. CREMA-TION, REMOVAL (Specify) 24B. DATE 6

LOCAL REGISTRAR 151



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supplied.		
re ca	egibly.	
NFADING INK. Every item of information should be call ly supplied. The	ysicians: please write the causes of death clearly ag	
INK.	please 1	
NFADING	ysicians:	

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11402

		ope or Print)	Geo:	rge B.	Kennard		OF DEATH	Dec.	24,	1953
		PLACE OF DEATH: Baltimore City, Marylan				4. USUAL RESIDENCE				residence re admission)
-		FULL NAME OF (If not in		al or instituti	on, give street address or	Marylan		31411	DC10	ic buildingson)
	HO	SPITAL OR			location)	c. CITY OR TOWN	(If outside corpo	rate limits, w	rite,RUI	RAL and give
	O	1322 M	cCu.	lloh S	t.	Baltimore	/	1-0	4	township)
11-					Yrs.	D. STREET ADDRESS	(If rural, give loc	eation)	-	
		Length of stay in Baltim			Mos. Days	1322 McCul				
A		SEX 6. COLOR OR F	RACE		MARRIED.	8, DATE OF BIRTH	9. AGE (In last birt)	years   H Und	et l Year	Hours Min.
		ale   Colore		Marr		Dec.24,1866				
1		A. USUAL OCCUPATION (Give donaduring most of working life, even if		10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	e or foreign country	1) 12	. CITIZE	EN OF COUNTRY?
		Porter				Maryland			U.S.	
	13.	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME			
		William Kenns	ard			Lutrice Low	vde <b>n</b>			
	15. (Yes.	. WAS DECEASED EVER IN U. S., no or unknowo) (If yes, give war	ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			RESS	
	(				SECONTI NO.	Mrs. Mamie K	lennard I	322 Mc	Cull	oh St
		18. 16 - 1			CALISE	OF DEATH				AL BETWEEN
		DISEASE OR CONDI	TION	DIDECTLY			1	7	ONSET	AND DEATH
		LEADING TO	DEA	TH	Ca	ROLLES V	110 Us	u	111	ukun
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  OUE TO					1				
1		injury or complication w	vhich o	aused death	.) OUE TO	0				
		ANTECEDENT	CAUS	SES	Os	Teres - d	a cho an	110.	10000	Kun
	징	DISEASES OF CONDITIO	S OR CONDITIONS, IF ANY, GIVING							
.	Ě	RISE TO THE ABOVE CAUS UNDERLYING CONDITI	SE (A)	STATING TH	HE OUE TO					
	RTIFICATION	UNDERETING CONDITI	ON L	451.						
	正	II			(C)					
	Ы	OTHER SIGNIFICANT								
		TRIBUTING TO THE DEATH TO THE DISEASE OR CON						4449		
	,	19A. DATE OF OPERATION			FINDINGS OF OPER	ATION			20. A	AUTOPSY?
	3		0	TULL		Aller Ide			YES	NO
	DIC.	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	Mal		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		(If in Baltimo	re City, give	exact l	location)
.	ш	HOMICIDE (Specify)		about nome,	arm, ractory, street, omce blug., e	MJORT OCCORT				
	Σ	21p. TIME (Month) (Day)	(Year)	(Hour)	21E. INJURY OCCURRI	ED 21F, HOW DID IN	JURY OCCUR?			
		OF INJURY			WHILE AT NOT WHILE					
				m.	WORK AT WORK	AU. 20,053	ACC 1. A.	100 100 m	2 7.1	
		22. I hereby certify that	t I att	ended the	deceased from	304	0,00	/		ast saw the
		deceased alive on		119.02,		red at resolt m., fr	om the causes a			TE SIGNED
		Decel	1d	un	M. O.	12020	sente	1 18 m	12/2	6153
	24	AA. BURIAL, CREMA- 24B. D	ATE		24c. NAME of CEMETE	RY OR CREMATORY 2	4D. LOCATION (C	city, town, or	county)	(State)
		1 / 40 /	28-	53	Arbutus Me	em. Park	Balto. Co	. Md		,
			TRAR	SSIGNATU		/25. FUNERAL DIRECT			DDRESS	557861
		DCAL REGISTRAR	1002	to 11	Miguellan Nerd	minter	7077	1.1	3.	100
	1 1-	0261089 41	A SAAAN	1 2 2 2 E	DANGER OF	Mar Mance	N. C. YELL	sur 1	Ucdy	and at

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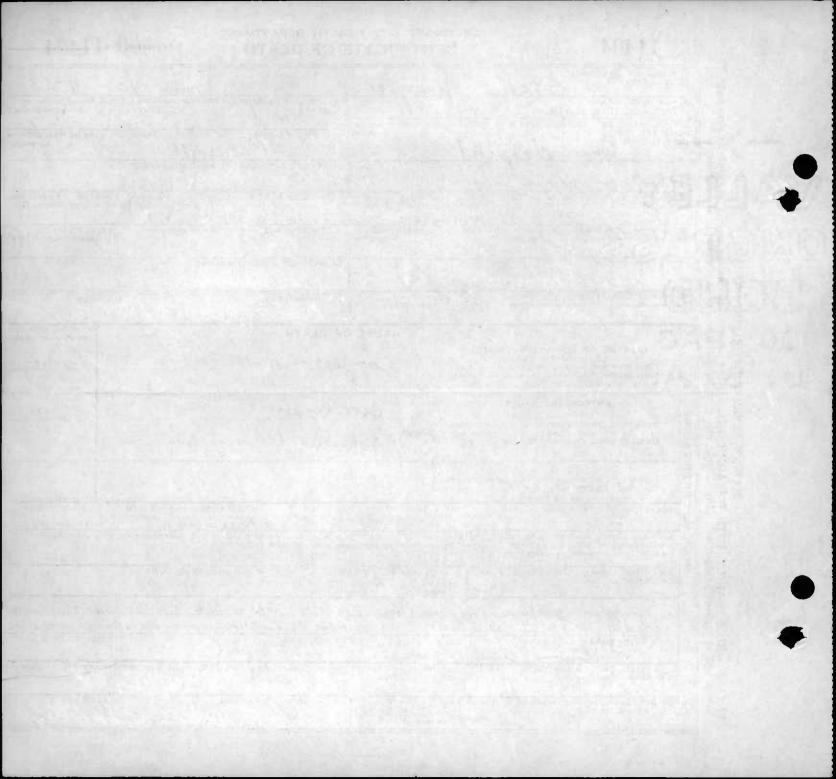
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 11403 Registered No.

	1. (T <sub>3</sub>	NAME OF DECEASED Edith Harvey	2. DATE OF Dec 24,1953					
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)					
	B. I	FULL NAME OF (If not in hospital or institution, give street address or location) SPITUTION 822 N. Carrollton Ave.	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  Baltimore					
		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
	-	Length of stay in Baltimore Days	822 N. Carrollton Ave.					
	_	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  emale Colored Single	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min.					
	10	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  Cook	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  WARVland  U.S. A.					
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
		Unknown	Unknown					
	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or nnknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	N.M. Carroll Aged Home N. Carroll					
	ERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	NO CARDIAL FAILURE / day  RIOSCLEROTIC CARDIOYASCULAR  SEA SE					
	AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION   20, AUTOPSY?					
107	EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location)					
ant y and	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY  while AT WORK NOT WHILE AT WORK						
200 a60 40	TIC	22. I hereby certify that I attended the deceased from JAN, 1953 to DEC 24, 1953, that I last saw the deceased alive on DEC 24, 1953, and that death occurred at 4:66 Am., from the causes and on the date stated above.  23A. SIGNAPURE  23B. ADDRESS  23C. DATE SIGNED  24A. BURIAL, CREMA- 24B. DATE  24C. NAME OF CEMETERY OF CREMATORY  24D. LOCATION (City, town, or county)  24D. CO., Md.						
7770		ATE RECEIVED BY REGISTRAR'S SIGNATURE	Mistracce Of Heursley Bidder H					

100 J. Lance L. A G UPD, A LEET, AND A STORY OF A L. The source of the second secon

The	5	7 1 2 4 0 4	HEALTH DEPARTMENT	Registered No. 11404
	(T	NAME OF DECEASED Stella Kaylo	r	2. DATE OF DEATH 12-24-53
lqqu	A.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street add)	A. STATE	Where deceased lived. If institution: residence B. COUNTY before admission)
fully s		OSPITAL OR INTITUTION Univ. Hospital	//	outside corporate limits, write RURAL and give township)
caref legibly	c.	* " 1	Mos. Days. D. STREET ADDRESS (III	rural, give location) Rd Rd
uld be	5.	6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (	Specify) SENX 20-190	9. AGE (In years if Under Vear last birthday) Months Days Hours Min.
IDING information should be carefully supplied. s of death clearly and legibly.		OA. USUAL OCCUPATION (Give kind of k done) during most of working life, eyen if retired)		oreign country) 12. CITIZEN OF WHAT COUNTRY
IG rmatic leath	13	ANDER'S NAME FARLOW	MARTHA EL	LENShErMAN
BINDING of inform uses of dec	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. LEROY + FARL	-OW- HONEY CITY, PA.
item		2000	SE OF DEATH	INVERVAL BETWEEN
- 2-		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ongestive Heart	P317072 // 1983.
K.	Z	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	Carcinona tosi's	67rs,
	CATIO	THE TAX THE ABOUT CALLED AND CONTROL TO THE TAX THE TA	Seticulo cell neo	plasm
MARGIN UNFADING Physicians:	RTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
H	CE	19A. DATE OF OPERATION 19B. CONDITION FOR WHICE WAS PERFORMED		ATION WAS RELATED TO 20, AUTOPSY?
ILY, WITH important.	DICA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUOR CONTRIBUTING AUSE OF about home, farm, factory, street DEATH (NOTIFY MEDICAL EXAMINER)	JRY (e.g., in or 21C. WHERE DID	OR PART II YES WO (If in Baltimore City, give exact location)
TE PLAINLY, especially impo	ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC OF INJURY WHILE AT N	OT WHILE	JURY OCCUR?
FLA pecial		22. I hereby certify that I attended the deceased from.		12-24, 1953 that I last saw the
PLEASE WRITE correct age is esp		deceased alive on 12-14, 19 5 3 and that death	23B. ADDRESS	the causes and on the date stated above  23C. DATE SIGNED  12-24-53
ASE v	201	43. BURIAL, CREMA- 24B. DATE 249. NAME OF CE ON. REMOVAL (Specify)	RIGGE PI	OCATION (City, town, or county) (State)
PLE		ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ewill-Pakswille Jul
		VS 150 190 1	The same of the sa	



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### BALTIMORE CITY HEALTH DEPARTMENT

53 11405

Balto. 17, Med.

The	53 11400 CERTIFICA	TE OF DEATH	Registered No.
on should be carefully supplied. To clearly and legibly.	1. NAME OF DECEASED		2. DATE
	(Type or Print) KATIE A. WATTS		OF Dec. 25, 1953
	3. PLACE OF DEATH:  A. Baltimore City, Maryland	A. STATE	re deceased lived. If institution: residence B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locatic INSTITUTION		tside corporate limits, write RURAL and give
ully.	100 W. Belvedere Ave.	Baltimore	27-/2 township)
ibl	Yr Mo	s. D. STREET ADDRESS (If rur	ral, give location)
l leg	c. Length of stay in Baltimore Da	vs   100 W. Belvedere	
pud pud	5. SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	ify)	last birthday) Months Days Hours Min.
R BINDING em of information should causes of death clearly a	female white widowed	Nov. 10, 1869	gn country)   12. CITIZEN OF
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUST	RY	WHAT COUNTRY?
	Housewife at home	Maryland 14. MOTHER'S MAIDEN NAM	F
	Thomas J. Jones	Elizabeth Brave	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	ADDRESS
ND in s	(Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO	).	ts-5517 Roland Ave.
BIN of uses		E OF DEATH	INTERVAL BETWEEN
FOR item	DISEASE OR CONDITION DIRECTLY	(1,0	ONSET AND DEATH
EW H	(This does not mean the mode of dying, e.g., (A)	ronary Suon	woses laay
Ever Write	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	1	
02	ANTECEDENT CAUSES	Teno Ocleros	105 3 yrs
RESE FINK.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	······································	
	UNDERLYING CONDITION LAST.		V
GIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
Phy	DISEASE OR CONDITION CAUSING IT.		
_	194. DATE OF OPERATION 198. CONDITION FOR WHICH	CAUSE OF PART I OR	
WITH rtant.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, street, o		in Baltimore City, give exact location)
Y,	5		
TE PLAINLY, WITE especially important.		RRED 21F. HOW DID INJUI	RY OCCUR?
PL	22. I hereby certify that I attended the deceased from Z	3 eb-6, 1933 to De	e25-, 1913, that I last saw the
TE	deceased alive on Dec 23, 1923; and that death of	238. ADDRESS	eauses and on the date stated above
WRITE ge is espe	ce Jul Hall Mo	16318. North	ave Dec 26-53
		ETERY OR CREMATORY 24D. LOC	CATION (City, town, or county) (State)
AS	Burial 12/28/53 Druid Ridge	Cem. Pike	sville, Md.
PLEASE correct a	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS
PHO	Ut 1. 76 1965 AT Town Welle ALLIA	Mana. V. IIA	Muse / & Sons

1. (T	NAME OF D ype or Print)	ECEASED E	VILY A. ANDERSON			2. DATE OF DEATH	Dec.	25, 1953
Α.		City, Maryland		4. USUAL RESID	ENCE (W	here deceased li B. COUN		titution: residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	2425 W. Nor	al or institution, give street address of location the Ave.	)t	i (if	outside corpora	te limits, w	rite RURAL and giv
		tay in Baltimore	Yrs. Mos. Days	2425 W. No	rth Av			
	emale	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif WIDOWED	Sept.16,186		9. AGE (In yellast birthda)		o 1 Year   11 Under 24 Hours B Days   Hours Min.
vori	OA. USUAL OC k done during most o OUSEWife	CUPATION (Givekind of f working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	London, En		reign country)	12	CITIZEN OF WHAT COUNTRY
R:	ichard Gr	oves	14. MOTHER'S MA		ME			
15 (Ye	o, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or date	FORCES! 16. SOCIAL SECURITY NO.	17, INFORMANT			ADDI	RESS
	18. 3.3	1x and		Mrs. Veron			(100 P)	INTERVAL BETWEEN
ATION	Olseas (This does heart failu injury or	SE OR CONDITION LEADING TO DEAT not mean the mode or re, asthenia, etc. It mean complication which ce  ANTECEDENT CAUSE SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA	DIRECTLY I'H f dying, e. g., ns the disease, aused death.)  ES  FANY, GIVING STATING THE  DUE TO				400 Et	INTERVAL BETWEEN ONSET AND DEATH
ERTIFICATION	OISEASE TO THE	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which c ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A)	DIRECTLY If dying, e. g., as the disease, aused death.)  FANY, GIVING STATING THE DUE TO  CONTRIBUTING RELATED TO THE	OF DEATH	-vrk	-y-	400 Et	INTERVAL BETWEEN
CERTIFICATION	DISEASE (This does heart failu injury or DISEASE: RISE TO TUNDERLY) OTHER SIG TO THE DISEASE O	LEADING TO DEAT not mean the mode o re, asthenia, etc. It mean complication which c  ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA  VING CONDITION LA  II NIFICANT CONDITIONS DEATH BUT NOT F R CONDITION CAUSING F OPERATION 1	DIRECTLY If dying, e. g., as the disease, aused death.)  FANY, GIVING STATING THE DUE TO  CONTRIBUTING RELATED TO THE	of DEATH book hem	Utu IF OPERAT CAUSE OF	ION WAS REL. F DEATH, EN	ATED TO	10 %
EDICAL CERTIFICATION	DISEASE OF THE DISEAS	LEADING TO DEAT not mean the mode o re, asthenia, etc. It mean complication which c  ANTECEDENT CAUS SOR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA  VING CONDITION LA  II NIFICANT CONDITIONS DEATH BUT NOT F R CONDITION CAUSING F OPERATION 1	DIRECTLY I'H f dying, e. g., ns the disease, aused death.)  ES  (B)  ANY, GIVING STATING THE DUE TO  CONTRIBUTING RELATED TO THE IT.  (C)  CONTRIBUTING RELATED TO THE IT.  (C)  AS PERFORMED  NG 21B. PLACE OF INJURY about home, farm, factory, street, office	book hem	Utu IF OPERAT CAUSE OI PART I O RE DID (	ION WAS REL. F DEATH, EN	ATED TO	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	DISEASE: (This does heart failu injury or DISEASE: RISE TO TUNDERLY OTHER SIG TO THE DISEASE O  19A. DATE O  21A. ACCIDE OR CONTRIE DEATH (NOT	LEADING TO DEAT not mean the mode of re, asthenia, etc. It means to the mode of the complication which is complication which is complication which is complication which is complication to the complication of the complication o	CONTRIBUTING EELATED TO THE III.  98. CONDITION FOR WHICH COAS PERFORMED  NG 218. PLACE OF INJURY about home, farm, factory, street, offin	DEPERATION  (e. g., in or cebldg., etc.)  RED  21F. HOW	ULTU IF OPERAT CAUSE OI PART I O RE DID ( CCUR?	ION WAS REL. F DEATH, EN	ATED TO ITER IN e City, giv	10 %

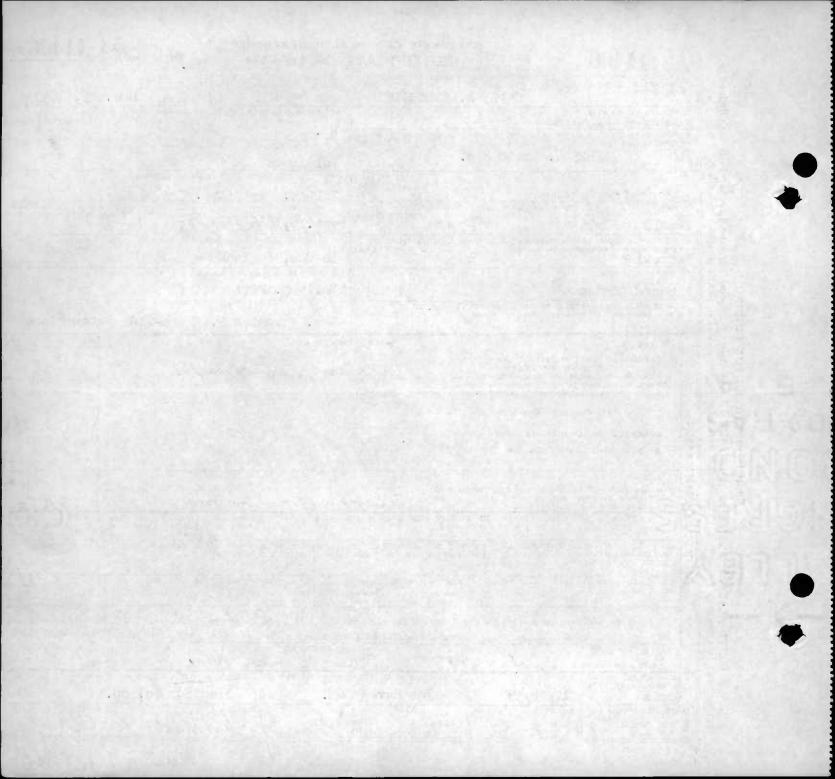
REGISTRAR'S SIGNATURE

DATE RECEIVED BY

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ADDRESS

25 FUNERAL DIRECTOR



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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

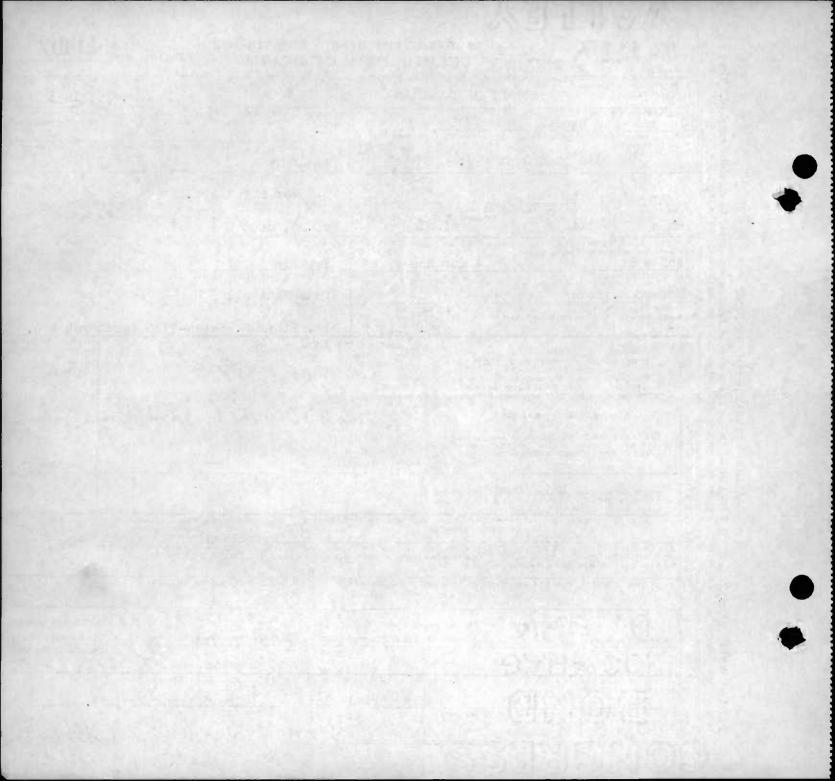
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Registered No.	-L.T. 3.0 /	

	BIRTH NO.			CERTIFICAT	E OF DEA	АІП	registered 14	
	1. NAME OF D (Type or Print)		ERT MAR	CO ESTES			oF Dec.	25, 1953
	A. Baltimore C	B. PLACE OF DEATH: a. Baltimore City, Maryland b. FULL NAME OF (If not in hospital or institution, give street address or				4. USUAL RESIDENCE (Where deceased lived, If institution: residence AMSTATE B. COUNTY before admission)		
	HOSPITAL OR INSTITUTION	2310 Lyndhur		location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
P	~~			Yrs.			rural, give location)	
9.	c. Length of st	tay in Baltimore		Mos. Days	2310 Lyndhurst Ave.			
	5. SEX	MARRIED. ED. DIVORCED (Specify) Single	s. date of B	IRTH	9. AGE (In years)	Under 1 Year If Under 24 Hours nths Days Hours Min.		
-	10A. USUAL OC	OF BUSINESS OR	11. BIRTHPLA			12. CITIZEN OF		
	ork done during most o	f working life, even if retired)	-	INDUSTRY			oreign country)	WHAT COUNTRY?
-	Salesman	IAME	ins	urance	Virginia 14. MOTHER'S		AME	
1							MIVIE	
1-	Edward L.	DEVER IN U.S. ARMED	FORCES	16. SOCIAL	Irene Sh			
(	Yes, no or unknown)	(If yes, give war or date	of service)	SECURITY NO.	17. INFORMAL			DORESS
-	18. 14.			216-07-8752		IVI B. E.	stes-2310 Lyn	dhurst Ave.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						lus _ Eirobaic Air	3h_
		NIFICANT CONDITIONS DEATH BUT NOT F R CONDITION CAUSING	RELATED TO	THE				
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1	21D. TIME ( OF INJURY	Month) (Day) (Year)	(Hour) 2	WHILE AT NOT WHILE WORK AT WOR	LE	OW DID IN.	JURY OCCUR?	c
	22. I hereby certify that I attended the deccased from							
-	24A. BURIAL, O	CREMA 248. DATE pecify)	7011	M. D.			OCATION (City, town,	
	Removal DATE RECEIVE	RAR	S SIGNATU	Family Buria.	257FUNERAL		plottesville,	ADDRÉSS ADDRÉSS

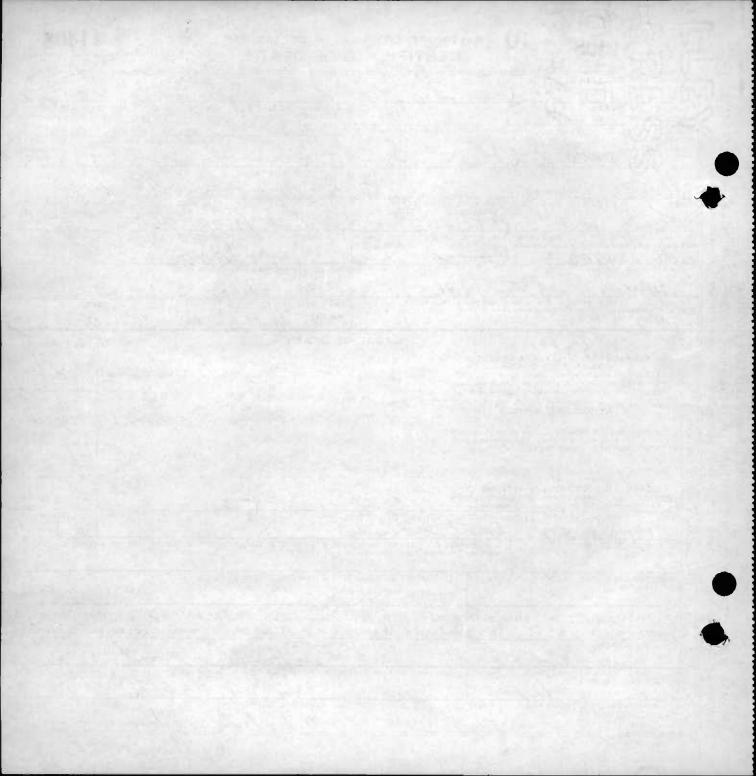
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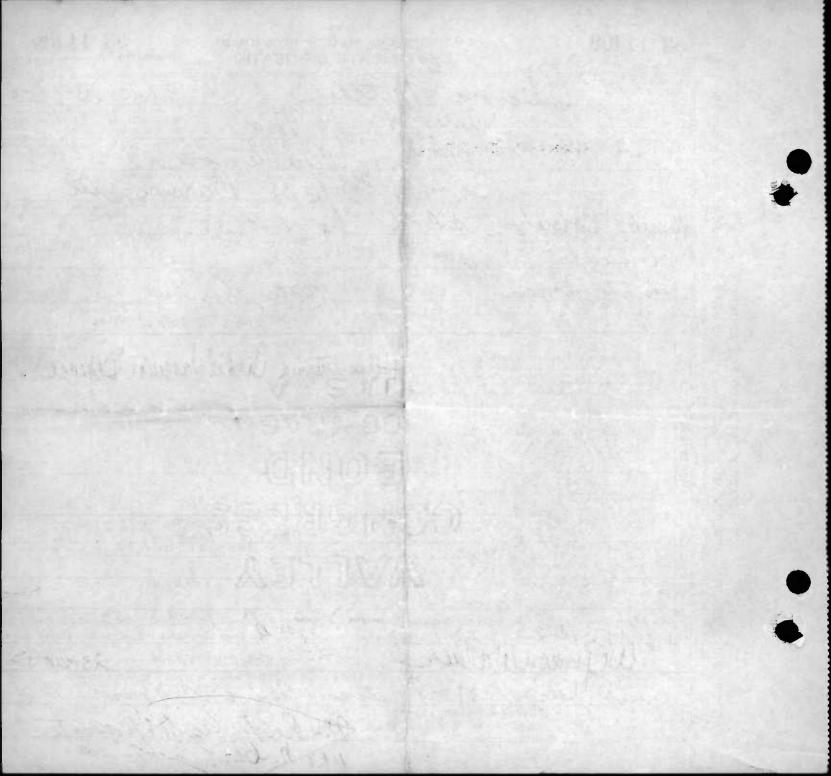
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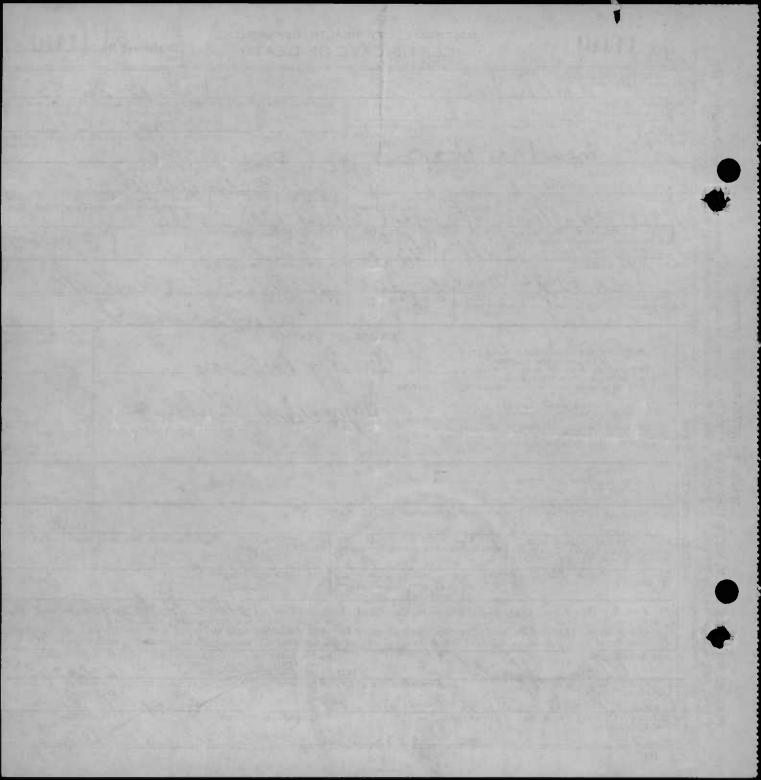


53 11408 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR ocation elf outside corporate lights, write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 5. SEX 8. DATE OF BIRTH If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) WIDOWED 108. KIND OF EUSINESS OR INDUSTR 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? information s of death cle HOUSEWIFE HOME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes, ao or uzknown) (If yes, give war or dates of service) SECURITY NO 3970 INTERVAL RETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: (C) 11 2 OTHER SIGNIFICANT CONDITIONS CDN-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION OPERATION 20. AUTOPSY EDICAL 21A, ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from 1934 , 19 \_\_, to 12.24.53, 19 \_\_, that I last saw the deceased alive on 12.22. 19.53 and that death occurred at 9 A. m., from the causes and on the date stated above, 23A. SIGNATURE 238. ADDRESS 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 13081776 UDON DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150





BINDING



The	O B	BALTIMORE CITY H CERTIFICAT			N <sub>0</sub> 11412
		NAME OF DECEASED  When or Print) MRS. SUSIE PAINT		DEATH	1-25-53
e carefully supplied. legibly.	B. HC	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or location stitution)  SPITAL OR location  STITUTION  Wercy Hospital	M. STATE M. C. CITY OR T Balt	imore 20 M	before admission)
care	c.	Yrs. Mos. Days	705 U	Dangler Rd.	
should be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify		-80 9. AGE (In years last birthday)	ff Under 1 Year If Under 24 Hours Months Days Hours Min.
n shot		A. USUAL OCCUPATION (Give kind of the property		ACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NDING information s of death cle	13	Daniel Jenkins	Barbara anne Prince		
BINDIN of infor	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMA	ANT	ADDRESS
FOR y item		DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	of DEATH	l typarction	INTERVAL BETWEEN ONSET AND DEATH AT LEGAT
RESER' INK. please w	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	triesch	rotic CVD	unkusur
MARGIN UNFADING Physicians:	ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
Hd .	AL C	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH O		IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	IN YES NO P
LY, WIT	EDIC/	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		WHERE DID (If in Baltimore Cit RY OCCUR?	ty, give exact location)
INLY y imp	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY		HOW DID INJURY OCCUR?	

(TE PLA) especially WRITE ge is espe age PLEASE correct ag

20. AUTOPSY NO L YES L ve exact location) -21, 1953, to 12-25, 1953 that I last saw the deceased alive on 12-24, 1953, and that death occurred at 7:30am., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 2-25-53 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Harford Go MA morial rem Lassalm Funeral Home 7401 Balan Rd

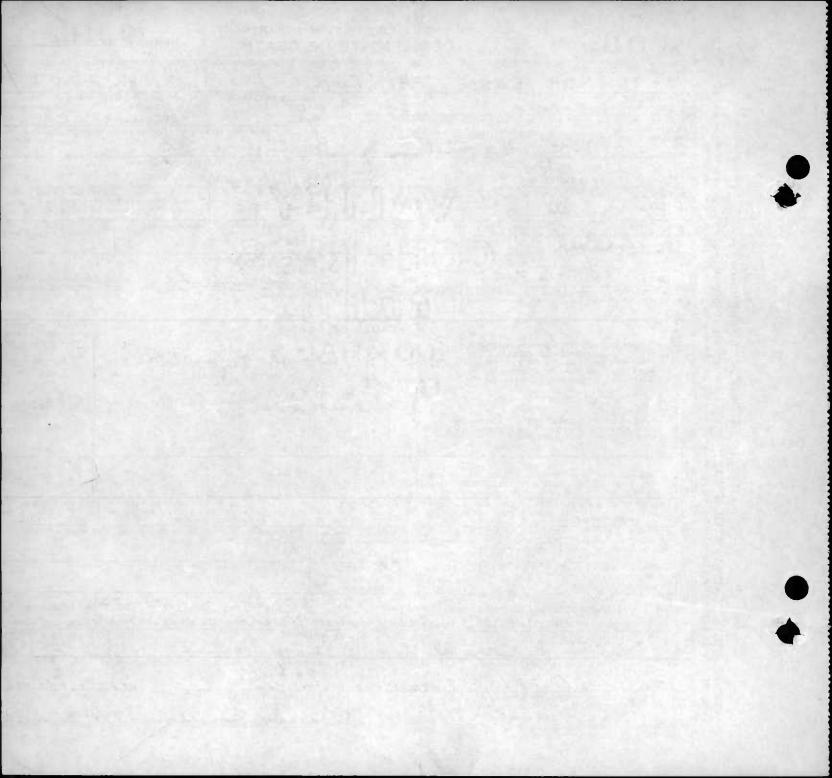
23A. SIGNATURE

24A, BURIAL, CREMA-TION REMOVAL (Specify)

Buri al DATE RECEIVED BY LOCAL REGISTRAR

22. I hereby certify that I attended the deceased from

24B. DATE



1	<b>V</b>	57 11/11	HEALTH DEPARTMENT	53 Registered No.	11413
	ВІ	RTH NO.	ATE OF DEATH	registered roz	
		NAME OF DECEASED Fluer A Vogt	2	OF Dec :	26-1953
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (When	re deceased lived, If insti	tution : residence before admission)
	В,	FULL NAME OF (If not in hospital or institution, give street address	ssor ud Ba	2/+0	
		SSPITAL OR locat	c. CITY OR TOWN (If out	side corporate limits, wr	ite RURAL and give
-	- U		rs. D. STREET ADDRESS /(If rurs		-00
0	c.	Length of stay in Baltimore	os. 6811. Rosem	BIXT AYE	EST STATE
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Sp.		. AGE (In years   Monder last birthday) Months	Year It Under 24 Hours Days Hours : Min.
-	1	uale White	July 7-1890	63	
W	ork	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)		gn country) 12.	WHAT COUNTRY
3   _		Lather Ma school for The	Da140617	ynd	usa
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1	
3   -	15	WAS DECEASED EVER IN U. S. ARMED/FORCES?   16. SOCIAL	Emma J. Wi	'Alterling	
5 0	You	s, oo or ookoown) (If yes, give war or dates of service) SECURITY N	O. 17. INFORMANT	AODR	ESS
-	1	No	Mas Elver AV	0 415 6811, RI	INTERVAL BETWEEN
3			SE OF DEATH		ONSET AND DEATH
PI I		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	otomoty o	celusion	a 6 mont
		(This does not mean the mode of dying, e.g., (A)heart failure, asthenia, etc. It means the disease,	le when been in		
		injury or complication which caused death.) DUE TO	عد المحمد المحد المحد	mascula	
2 .	z	ANTECEDENT CAUSES (B)	arose		
		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
.    4	<	UNDERLYING CONDITION LAST.			
	בובו	_ (C)			
		OTHER SIGNIFICANT CONDITIONS CON-			
	וני	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		******************************	
.    .	ار	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	PERATION		20. AUTOPSY?
3	NCA DICA	21A. ACCIDENT, SUICIDE,   21B. PLACE OF NJURY (e	g., lo or   21c. WHERE DID (If in	n Baltimore City, give	exact location)
<u> </u>	MED	HOMICIDE (Specify) about home, farmy factory, street, office h		WALE I	
1		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU		CCUR?	
		m. WHILE AT NOT W	PK IN ENICON		
		22. I hereby certify that I attended the deceased from_	19 13 to 0	le _ , 19/3, th	at I last saw the
1	3	deceased alive on 2003, 1912, and that death of	ccurred at & 4m., from the	causes and on the d	late stated above
2	9	23A. SIGNATURE	23B. ADDRESS	100 and 2	DATE SIGNED
20 -	24	M. D.	ETERY OF CREMATORY   24D. LOCA		ounty) (State)
2	TIC	ON REMOVAL (Specify)			
1 -	_	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR	17a/+0	DRESS
3		FC 2 COLD	de Lut	Balto AD AD AD AD	BON PI
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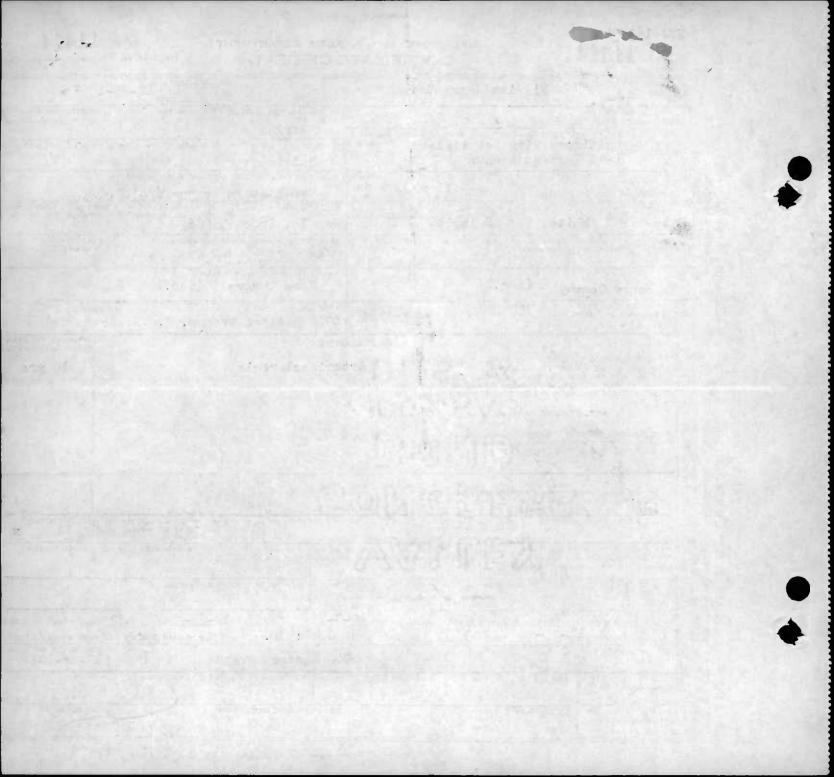
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

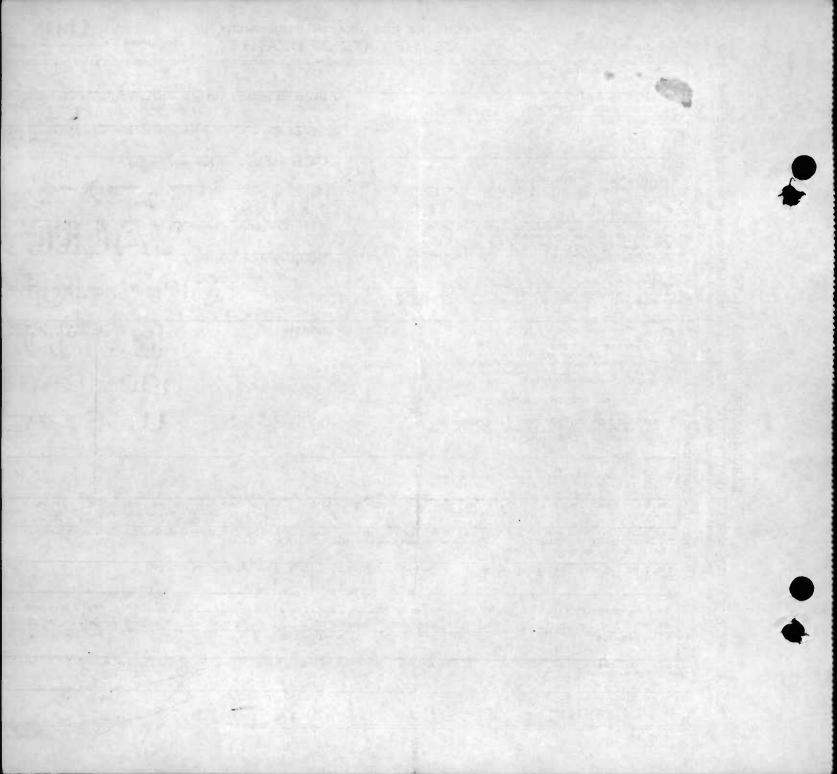
53 11414 Registered No.

	RTH NO.						
(T	NAME OF E	DECEASED Willi	am Henr	y Conway		2. DATE OF DEATH	953
Α.		City, Maryland	-1 <i>!</i> +i4-4!	on, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)		
H	OSPITAL OF	altimore City 1940 Eastern A	· Hoanst				
		stay in Baltimore		ll yrs. Yrs. Mos.	D. STREET ADDRESS (If rural, give location)		
	ale	6.COLOR OR RACE White	7. SINGLE WIDOW Sing	MARRIED. ED, DIVORCED (Specify)	B. DATE OF BIR	last birthday) Month	of I Year If Under 24 Hours IS Days Hours Min.
10 worl	A. USUAL OC deneduring most	CCUPATION (Give kind of of working life, even If retired)	Retired	OF BUSINESS OR INDUSTRY	New York	E (State or foreign country)  [ (WADDINGTON)   12	WHAT COUNTRY?
13	Henry		c.)		14. MOTHER'S Rose To	maiden name irevell (dec.)	
15 (Ye	MAS DECEAS	SED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ern Avenue, B.C.H. (r	RESS ecords)
	18. HJ	0.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This doe	SE OR CONDITION LEADING TO DEA s not mean the mode of	TH of dying, e.g	., (A)	terioscler	osis	10 yrs
	heart fail injury or	ure, asthenia, etc. It mes complication which of	caused death.	e, .) DUE TO			
RTIFICATION	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)						
CERTIFI	TO THE	GNIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSING	RELATED TO		-		
AL		OF OPERATION 1		TION FOR WHICH OF		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	YES NO X
0	OR CONTRI	DENT WAS UNDERLY BUTING CAUSE OF OTIFY MEDICAL EXAMINE	F about h	. PLACE OF INJURY ( nome, farm, factory, street, office		HERE DID (If in Baltimore City, glocour?	ve exact location)
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			) (Hour)   2 m.		LE	W DID INJURY OCCUR?	
iui .	OF INJURY	by certify that I at	tended the	while at not while at work at work deceased from 10-	-3- , 19	52, to 12-25-, 1953,	
iui .	OF INJURY	by certify that I attalive of 2-25-	tended the, 19_53,	while at Not while at work deceased from 10-	-3- , 19 -3- , 19 -3- ADDRESS 940 Eastern	252, to 12-25-, 1953, and on the a Avenue	date stated above. 23c. DATE SIGNED 12-25-1953
ME	of INJURY  22. I here  deceased a	by certify that I at alive of 2-25-  ATURE  CREMA- Specify)  246. DATE	tended the 1953,	while at Not while At work deceased from 10-and that death occur	-3- , 19 -3- , 19 -3- ADDRESS 940 Eastern	252, to 12-25-, 1953, and on the a Avenue	date stated above. 23c. DATE SIGNED 12-25-1953  county) (State)
2 TH	22. I here deceased a 23A. SIGNA	by certify that I at alive on 2-25- ATURE  CREMA- Specify;  DEC. 20  ED BY REGISTRAR	m.   tended the _, 19_53, 6	while AT NOT WHILE AT WORK  deceased from 10- and that death occur  M.D.  24C. NAME OF CEMETE  M.T. OLI	-3- ,19 rred at 4:30P. 39. ADDRESS 940 Eastern	52, to 12-25-, 1953, am., from the causes and on the Avenue  RY 240. LOCATION (City, town, or Frederick	date stated above. 23c. DATE SIGNED 12-25-1953



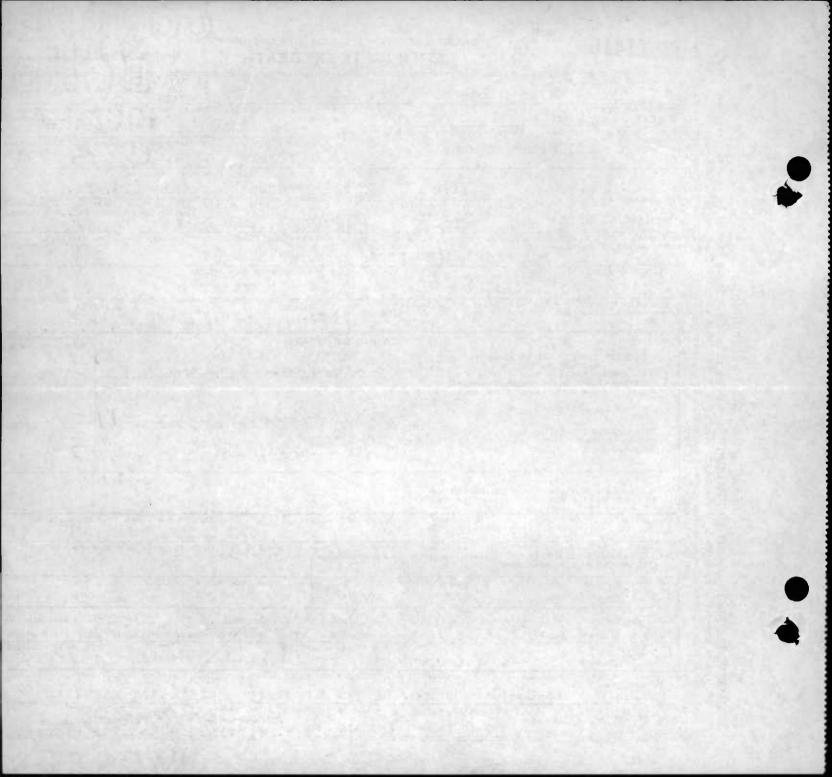
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	Registere	d No.	- Kuralla	(1.L.)	_
	2. DATE OF	12/	25	153	
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	B. COUNTY		befo	re admissio	n)
	outside corporate l	imits, w	rite RU	RAL and gi	
(If r	ucal, give location	Y		1	-
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or for	reign country)	12	CITIZ	EN OF COUNTR	Y?
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BIR	3 114. TH NO.	TO		CERTIFICA	TE OF DE	EATH	Registered	Nollal	6		
1. N (Typ	IAME OF D	ECEASED Meyer	Salab	es		2. DATE OF DEATH					
A. P	LACE OF DI Caltimore C	lity, Maryland B	altimo	Ore	A. STATE	RESIDENCE (Who	B. COUNTY		e admission		
HOS	SPITAL OR TITUTION	2211 Keno		location	c. CITY OR Balt	TOWN (If or	utside corporate lim	its, write RUR.	AL and give township		
-		tay in Baltimore	1:	ife Yrs	9911 7	o. STREET ADDRESS (If rural, give location) 2211 Kenoak Rd. Balto, 9, Md.					
5. S	nale	white	WIDOW	. MARRIED, ED, DIVORCED (Speci Tried	B. DATE OF July 2	3, 1884	9. AGE (In years last birthday)	Months Days H	f Under 24 Hour Tours Min		
1OA. workd	USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KIND Retail	of BUSINESS OR INDUSTRIBUSINESS	11. BIRTHPL	LACE (State or fore	ign country)	USA	N OF COUNTRY		
13.	FATHER'S N	Sody Sal	labes		14. MOTHER	Lewyt	1E		Mile		
15. (Yes, 1	WAS DECEASE no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO NONE	17 INFORM		Spear Sa ad. Balto	ADDRESS 11abes	đ		
RTIFICATION	DISEASES	re, asthenia, etc. It mean complication which et ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) 'ING CONDITION LAS	ES ANY, GIVIN	(B)	yoco	udial 9 ~	gourt	30	reas		
8_	TO THE	NIFICANT CONDITIONS DEATH BUT NOT R R CONDITION CAUSING	ELATEO TO	THE	•						
AL.		0 W	AS PERFO	TION FOR WHICH	OPERATION		ON WAS RELATED OEATH, ENTER PART II		TOPSY?		
DIC	OR CONTRIE	ENT WAS UNDERLYI BUTING CAUSE OF IFY MEDICAL EXAMINE	about	PLACE OF INJURY nome, farm, factory, street, of	(e. g., in or 21C. icabldg.,etc.)	WHERE DID (If	in Baltimore Cit;	y, give exact l	ocation)		
1	210 TIME ( DF INJURY	Month) (Day) (Year)	(Hour)	WHILE AT NOT WORK	HILE	ULNI DID WOH	RY OCCUR?		1		
		y certify that I att ive on 2125 TURE	gas Phys		urred at 12	m., from the	causes and on	ZSC. DAT	ted abov		
24A TION	. BURIAL C REMOVAL(S burial	REMA- 248. DATE pecify) 12-27-		Balto. Heb			Cation (City, tow Ltimore,	Marylar	(State		
	AL REGIST		SIGNATU	Miswa, Ny	David R	David Martin		Law Pla	ice		

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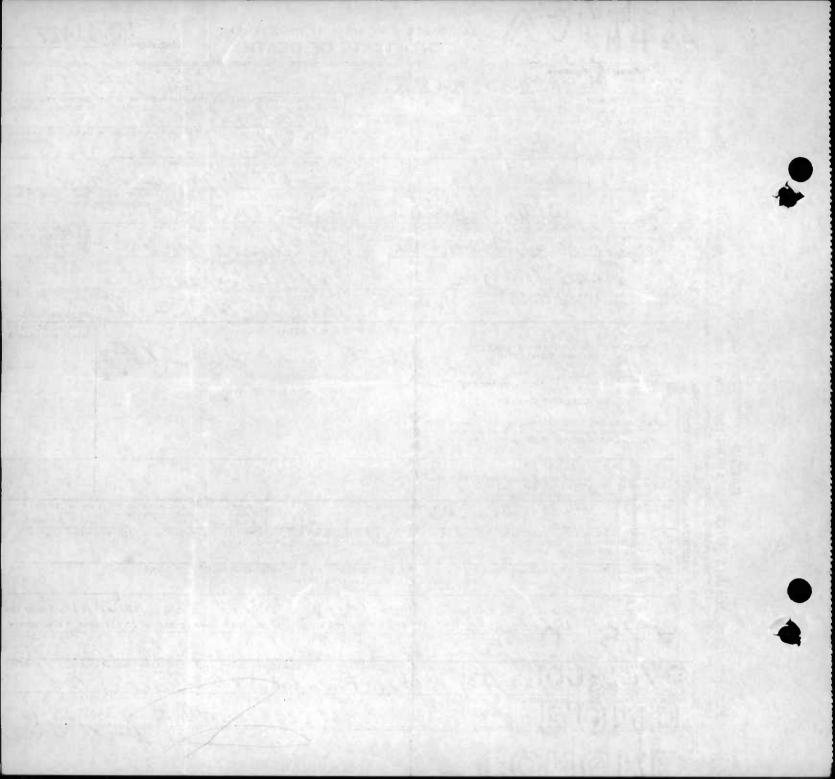


5 BI	3 114: RTH NO.	17		TIMORE CITY F			Registered No	11417
1. (T	NAME OF Di	ALFRET	D MA	20R			2. DATE OF 12/	25/53
B. HC	PLACE OF DI Baltimore C FULL NAME OSPITAL OR ISTITUTION	ity, Maryland		on, give street address location	A STATE	yland	nere deceased lived. If in B. COUNTY	before admission
4	Length of st	ay in Baltimore	e	Yrs. Mos Day	376	ADDRESS (If	ural, give location)	Prine
	Male	6. COLOR OR RA	CE 7. SINGLE	MARRIED (Specif	8. DATE OF	5,1903	9. AGE (In years last birthday) Mont	nder 1 Year H Under 24 Hourshis Days Hours Mir
13	A. USUAL OCI degle during most FATHER'S	CUPATION (Give king f working life, even if reting	adof 10B. KIND	PAPEL	14. MOTHER	ACE (State or for	eign country) 1 ME	2. CITIZEN OF
15 You	E. WAS DECEASE , no or unknown)	D EVER IN U. S. AR (If yes, give war or	MED FORCES?	16. SOCIAL SECURITY NO.	Male T. INFORM	Le Sho	Sa - 3765	DRESS DALINE
TION	DISEAS  (This does heart failurinjury or DISEASES RISE TO T	E OR CONDITION LEADING TO D not mean the mo- re, asthenia, etc. It is complication whice ANTECEDENT C, GOR CONDITION HE ABOVE CAUSE ING CONDITION	EATH de of dying, e. g means the disease h caused death.  AUSES S, IF ANY, GIVIN (A) STATING TH	DUE TO	te my	oco.dis	Linforcti	INTERVAL BETWEE
ERTIFICATION	OTHER SIG	II NIFICANT CONDITION DEATH BUT NO	ONS CONTRIBU					
EDICAL C	21A. ACCIDE OR CONTRIB	F OPERATION  NT WAS UNDER  UTING□ CAUSE  IFY MEDICAL EXAM	WAS PERFOI	TION FOR WHICH ORMED  PLACE OF INJURY Some, farm, factory, atreet, offi	(e. g., in or 21C.	PART I OF	ON WAS RELATED TO DEATH, ENTER IN PART II f in Baltimore City, g	20. AUTOPSY? YES NO vive exact location)
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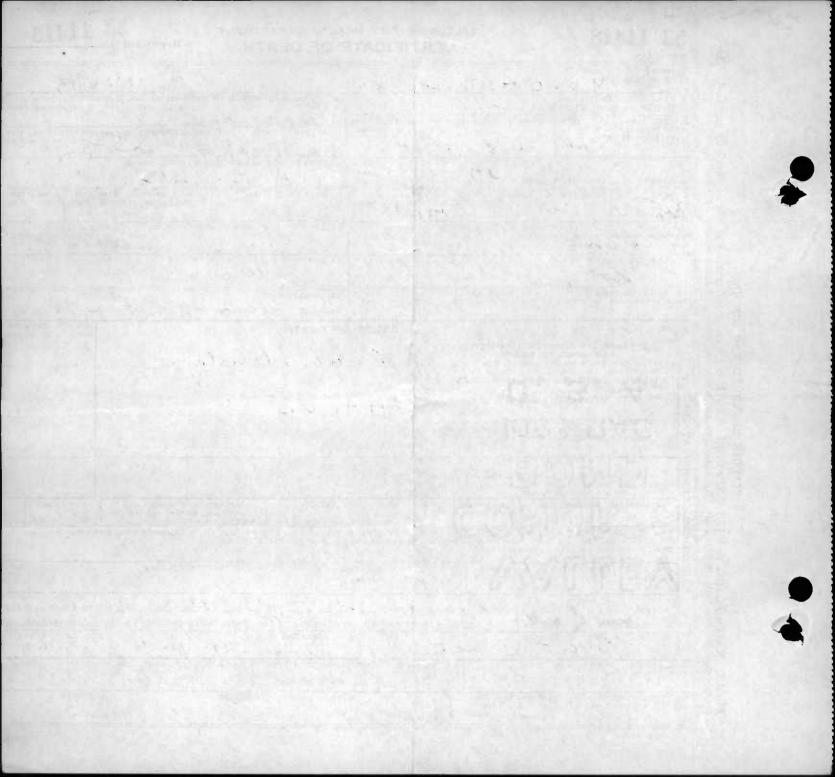
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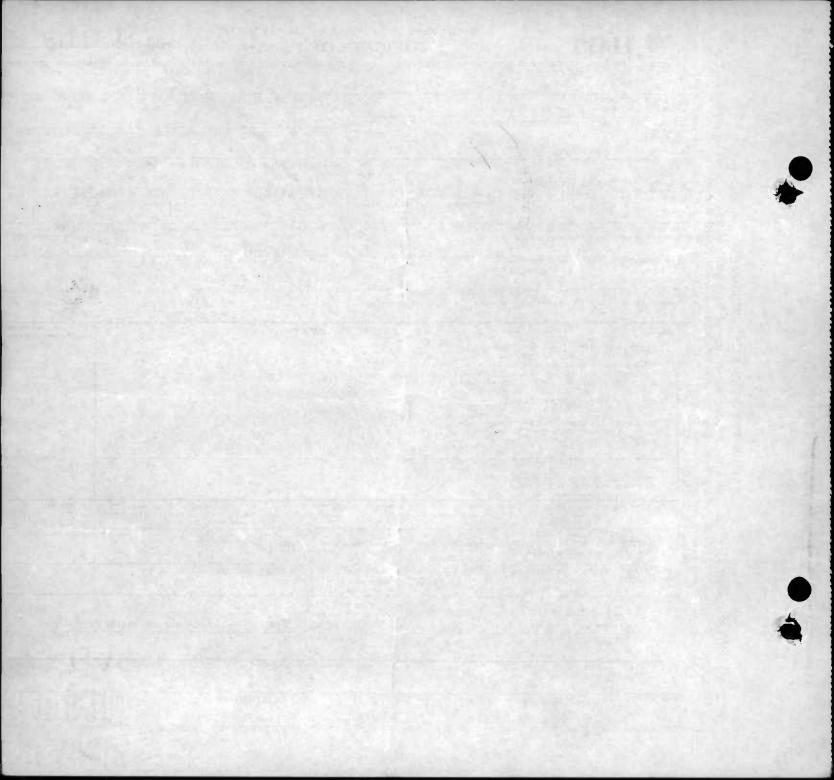
BIRTH NO.  1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution; residence of City, Maryland  5. PLACE OF DEATH: 6. COUNTY before admission)  5. FULL NAME OF (If not in hospital or institution, give street address or Hospital or institution, give street address or Institution  6. STATE  6. COUNTY before admission)  6. STREET ADDRESS (If rural, give location)  7. STATE  6. COLOR OR RACE  7. SINGLE MARRIED  WIDOWED DIVORDED (Stybelly)  10. USUAL OCCUPATION (Givekinded work institution)  10. USUAL OCCUPATION (Givekinded work institution)  10. USUAL OCCUPATION (Givekinded work institution)  11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARRED FORCES? SECURITY NO.  15. WAS DECEASED FVER IN U. S. ARRED FORCES? SECURITY NO.  16. SOCIAL NO.  17. INFORMANT  18. H 3 X  CAUSE OF DEATH  (This does not mean the mode of dying, c. E., heart failure, sathenia, set. It means the disease, injury or complication which caused death.)  18. WAS DECEASED RECEIVED AND COUNTRY OF DEATH  (This does not mean the mode of dying, c. E., heart failure, sathenia, set. It means the disease, injury or complication which caused death.)  18. WAS DECEASED RECEIVED AND DEATH  (This does not mean the mode of dying, c. E., heart failure, sathenia, set. It means the disease, injury or complication which caused death.)  18. WAS DECEASED RECEIVED AND DEATH  (This does not mean the mode of dying, c. E., heart failure, sathenia, set. It means the disease, injury or complication which caused death.)  2. O DISEASES OR CONDITIONS, IF ANY, GIVING  10. DISEASES OR CONDITION LIST, FANY, GIVING  10. DISEASES OR CONDITIONS, IF ANY, GIVING  10. DISEASES OR CONDITION LIST, FANY, GIVING  10. DISEASES OR CONDITION LIST.		5		F OF DEATH Registered No.							
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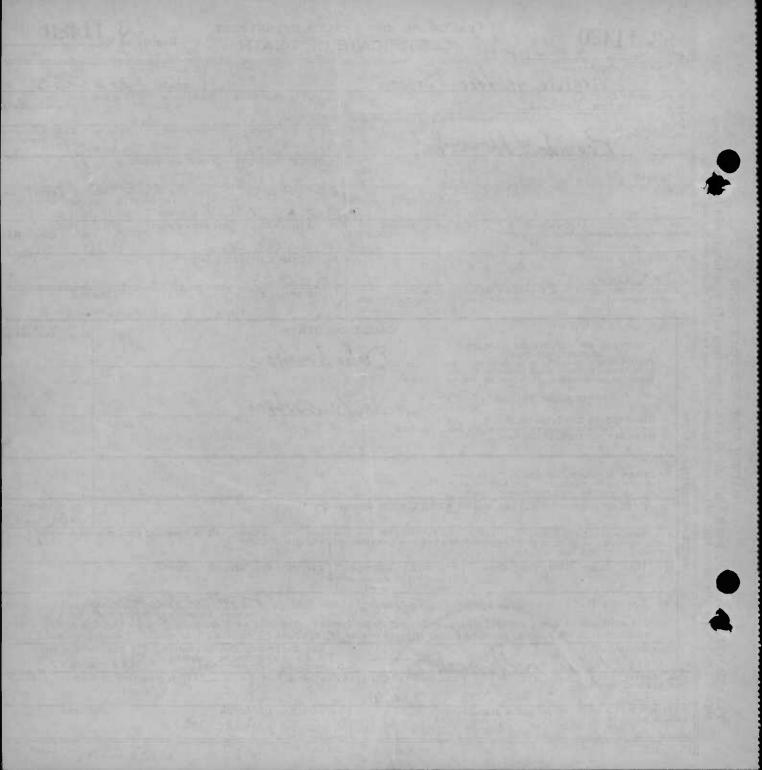


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## BALTIMORE CITY HEALTH DEPARTMENT

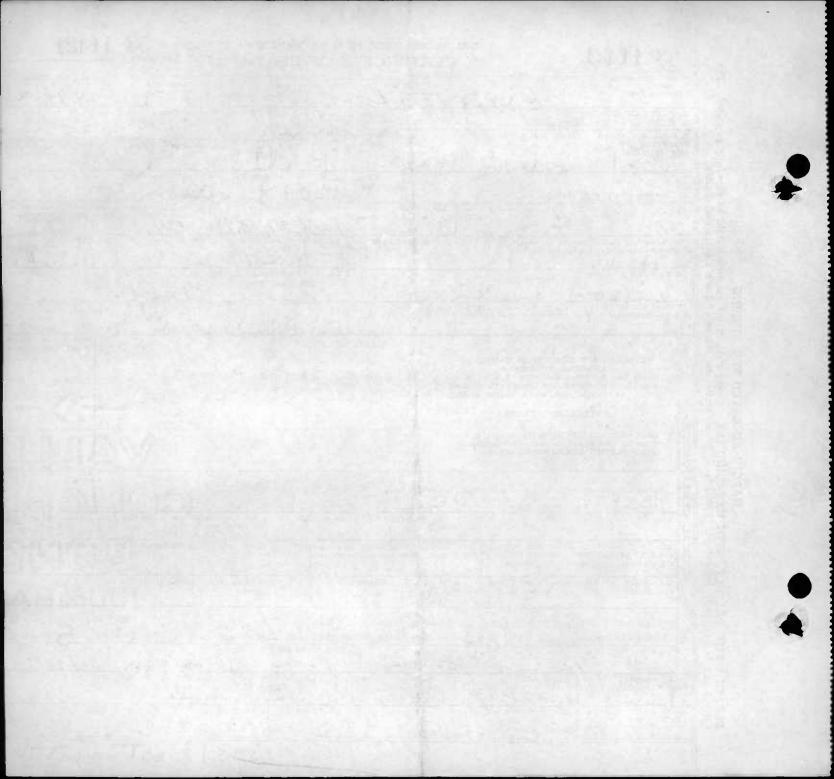
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	ATE RECEIVE		S SIGNATI	JRE,	1.0	25. FU	NERAL DI	RECTOR	2	7	ODRES	s /
1	OCAL REGIST	OC 2 - WAS	water.	Vollacio	and line	feren	rde	urs/	ш-2	100 6	cele	aur 1/
	Vs 150	950	0		()							





59 44 494

The	BI	53 11421 CERTIFICATI	E OF DEAT		1421					
	1.	NAME OF DECEASED Sile Rifor	2	2. DATE OF DEATH	24,1953					
pplie	A.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	DENCE (Where deceased lived, If inst B. COUNTY	titution: residence before admission)					
IDING information should be carefully supplied of death clearly and legibly.	HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) STITUTION	C CITY OR TOW	(If outside corporate limits, w	rite RURAL and give					
arefu	3	Yrs. Mos.	D. STREET ADDE	RESS (If rural, give location)	_					
l leg		Length of stay in Baltimore Days SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	B. DATE OF BIRT	TH 9. AGE (In years) If Und	et 1 Year   11 Under 24 Hours					
uld b y and	5.	WIDOWED (Speely)	Oct. 27	1899 last birthday) Month	Bays Hours Min.					
n sho		A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country) 12	WHAT COUNTRY?					
atio th	13	FATHER'S NAME	14. MOTHER'S M	AIDEN NAME	01017					
NG rm dea		Wilson Sell	Estel	ва Глар.						
BINDIN of inforuses of d	15 (Ye	NAS DECEASED EVER IN U. S. ARMED FORCES?  In no or unknown) (If yes, give war or dates of service) SECURITY NO.	Jenkin 1209 Di	MALLON A						
R BIN em of i			INTERVAL BETWEEN ONSET AND GEATH							
FOR y item										
		rtensive	*							
Ever write		injury or complication which caused death.) DUE TO	di - Vos	ender Wisen						
	z	ANTECEDENT CAUSES								
RESERVED 3 INK. Even please write	TIOI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
RGIN ADIN cians:	10/2	(C)								
MARGIN UNFADING Physicians:	ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
ht	AL C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION	IF OPERATION WAS RELATED TO CAUSE OF CEATH, ENTER IN PART I OR PART II	20. AUTOPSY?					
ILY, WITH important.	EDICA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		ERE DID (If in Baltimore City, giv OCCUR?	ve exact location)					
	Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  Th. WHILE AT NOT WHI AT WORK AT WORK	LE	V DID INJURY OCCUR?	ů.					
FE PLAIN especially		22. I hereby certify that I attended the deceased from	cil.	51, to 12/24, 1953, t	that I last saw the					
E	h	deceased alive on 12/14 1953 and that death occur	rred at 10 30 n	n., from the causes and on the	date stated above					
WRIT e is		Waylung Jones M.O.	23B. ADDRESS M	1. Fremmof are !	23c. DATE SIGNED					
SE SE	2. TI	4A. BURIAL, CREMA- ON REMOVAL (Specify)	TA N. C.	Y 24d. LOCATION (City, town, or	county) (State)					
orrect		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DI	RECTOR A	DDRESS					



1.	53 11422  IRTH NO.  NAME OF DECEASED Type or Print)  M	BALTIMORE CITY HE CERTIFICATI ary Frances Slade	12 DATE	53 11422 ec. 24, 1955			
supplied	PLACE OF DEATH: Baltimore City, Maryland	l or institution, give street address or location)	A. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY Maryland Balt	If institution: residence before admission			
	5809 Simmond		D. STREET ADDRESS (If rural, give location)	mits, write RURAL and giv township			
d be	Length of stay in Baltimore  6. SEX 6. COLOR OR RACE  Female White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	5809 Simmonds Ave.  8. DATE OF BIRTH  June 1,1856  9. AGE (In years li Under I Year Months Days Hours Minder 24 Hours Minder 27 Hours Minder 27 Hours Minder 28 Hours Minder 2				
on sl	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)  Housewife  3. FATHER'S NAME	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  Hickory, Maryland  12. CITIZEN OF WHAT COUNTR U. S. A.				
G mat leath	Edward Boarman		Charity Quinllin				
R BINDING em of inform causes of de	5. WAS DECEASED EVER IN U. S. ARMED 66. no or unknown) (If yes, give wer or detea	FORCES? 16. SOCIAL SECURITY NO. None	17. INFORMANT	ADDRESS			
MARGIN RESERVED FO NFADING INK. Every it hysicians: please write the ERTIFICATION	TRIBUTING TO THE DEATH, BUT I	DIRECTLY H dying, e. g., is the disease, sused death.)  ES  ANY, GIVING STATING THE DUE TD  CIONS CON- HOT RELATED	CERTIFICATION METERS UN  ORIEF OR ASST. MEDICAL EXAMERS	ONSET AND DEATH			
H 1	19A. DATE OF OPERATION 15	B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?			
EAS rrect	CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) OF INJURY  22. I hereby certify that I attedeceased alive on Day 24  23. SIGNATURE  24A. BURIAL, CREMA- ION, REMOVAL (Specify) Burial  Dec. 28	M. D. State of CEMETE	INJURY OCCUR?  5 609 Firmunds  21F. HOW DID INJURY OCCUR?  Fred at 2:45 Em., from the causes and or  3B. ADDRESS  HIS Fork Heights We.  RY OR CREMATORY 246. LOCATION (City, to  Come.  Hickory, Mary]  25. FUNERAL DIRECTOR	wn, or county) (State)			

CHARLES OF THE CASE OF Mer. 25, 1998 . ora special cons .cv) through the Contempt of th Personal State of the State of shotell dans day

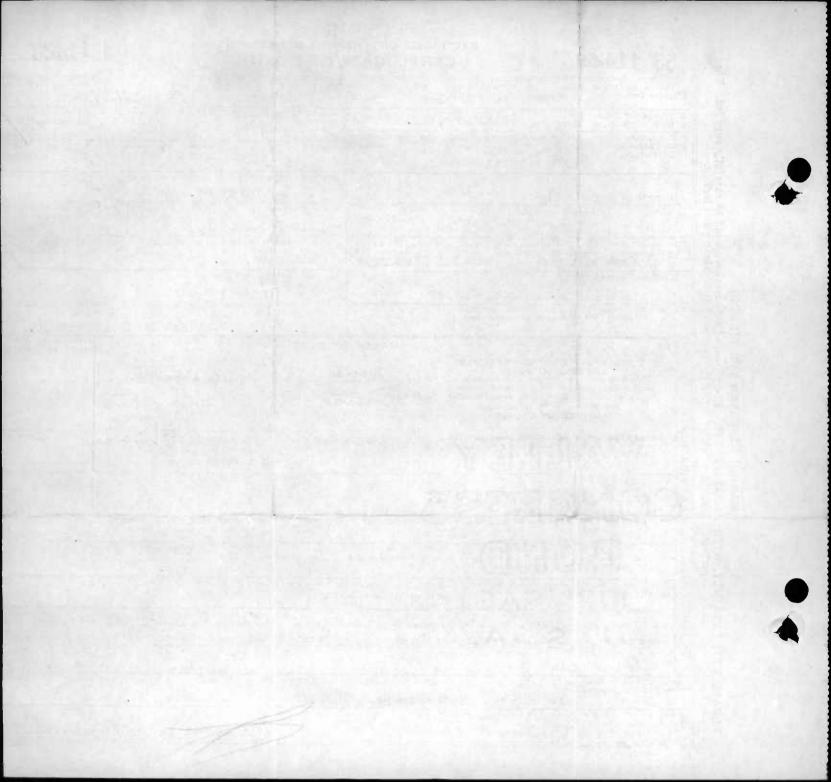
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 3 11423

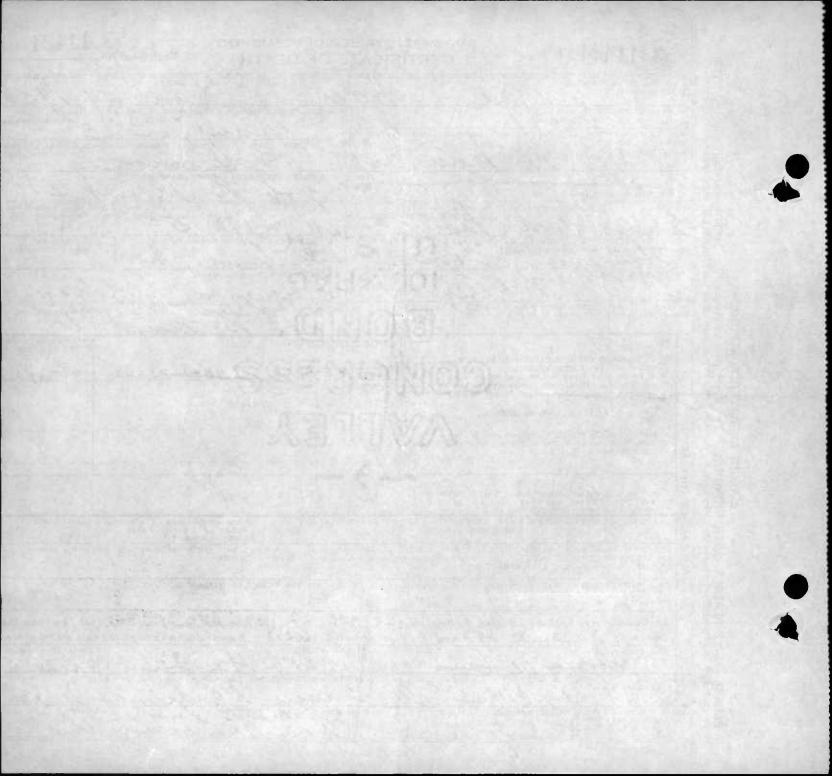
В	RTH NO.	(AU		CERTIFICATI	E OF DEA	117			
1.	NAME OF DE		Eden Ta	aylor			DE7111 /	124/53	
B. HC	PLACE OF DE Baltimore C FULL NAME O OSPITAL OR ISTITUTION	City, Maryland		tion, give street address or location)	A. STATE Maryland	VN (If our	ere deceased lived. In B. COUNTY	befo	ore admission)
c.	Length of s	tay in Baltimore		68 Yrs. Mos. Days	720 Lynd	RESS (If rur lhurst St			
5.	sex Male	6.COLOR OR RACE White	Marri	E, MARRIED, VED, DIVORCED (Specify) Led	July 14,	1885	9. AGE (In years last birthday) M		
work	Tool Crib	CUPATION (Give kind of providing life, even if retired)  Manager		of Business or INDUSTRY Oil Burner	Baltimor	e, Md.		12. CITIZ WHAT	T COUNTRY?
13	FATHER'S N	J. Mall	ONT TA	นไดท	Mary Blo		1E		
15 (Yes	5. WAS DECEASE 10. no or unknown)	ED EVER IN U. S. ARMED	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ylor 720 Ly	ADDRESS yndhurs	t St.
ERTIFICATION	heart failur injury or DISEASES RISE TO TI	in not mean the mode of ure, asthenia, etc. It mean complication which of ANTECEDENT CAUSES OR CONDITIONS. IIITHE ABOVE CAUSE (A) YING CONDITION LA	ans the diseas caused death SES IF ANY, GIVIN STATING TH	se, h.) DUE TO	ade IV Lenoul.	Cars	lio Vaso	Lan	
CERTI	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT I	RELATED TO G IT.	O THE				1 20 4	LITODGY2
AL	19A. DATE O	of OPERATION 1	19B. CONDI WAS PERFO	ITION FOR WHICH OF		CAUSE OF PART I OR		IN YES	No No
1EDIC.	OR CONTRIE	ENT WAS UNDERLY! BUTING CAUSE OF TIFY MEDICAL EXAMINE	Fabout	B. PLACE OF INJURY ( thome, farm, factory, street, office	e bldg.,etc.) INJURY	OCCUR?	f in Baltimore City	, give exact	l location)
2	21d. TIME ( OF INJURY	(Month) (Day) (Year)	) (Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	ILE .	M DID INJUI			(
	22. I hereb deceased at	by certify that I att	tended the	and that death occur	23B. ADDRESS	53, to to m., from the	e causes and on	the date s	tated above.
2. Ti	4A. BURIAL. (S Burial	CREMA- 248. DATE Specify) 12/28/5	53	24 NAME OF CEMETE Loudon Park			CATION (City, tow imore, Md.	n, or county	) (State)
	ATE RECEIVE		S SIGNAT	Welliaus 13	25 FUNERAL C	Marks 4	Sha 505	M. Poles	est St.

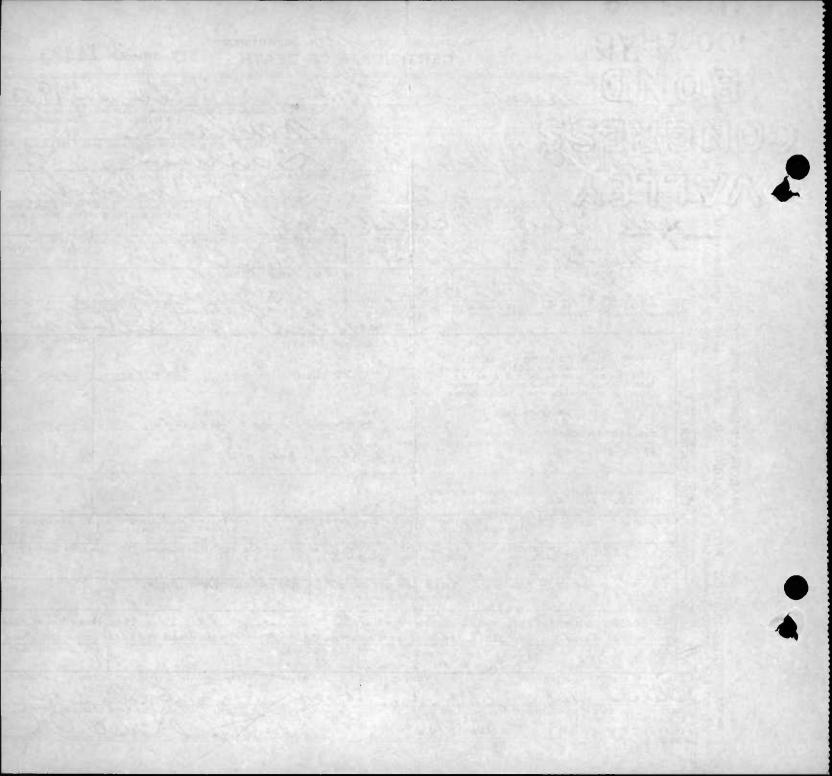
29030

The PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

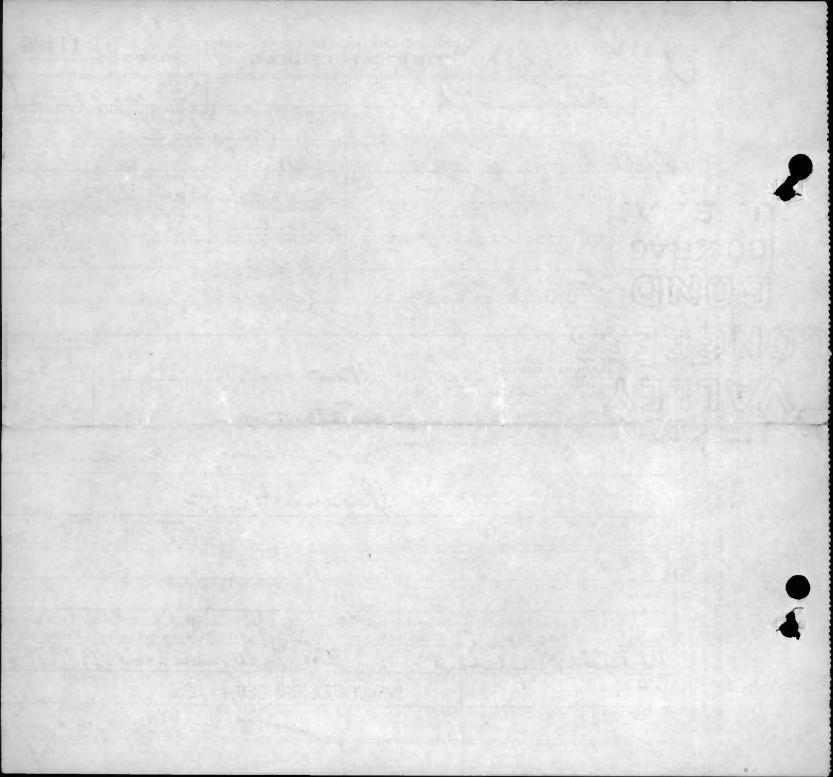


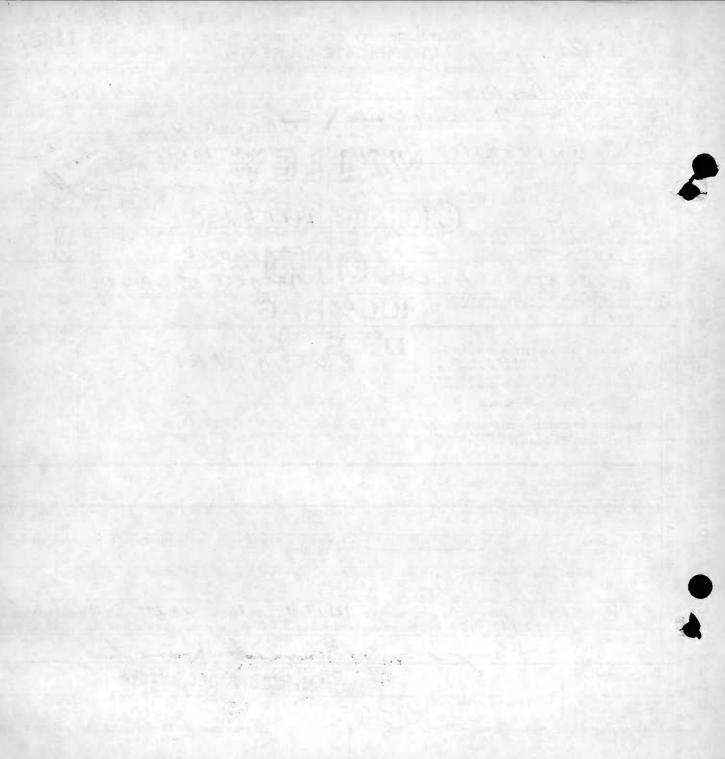
GORDON 53 11424 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASE 2. DATE (Type or Print) supplied. 3. PLACE OF DEATH: 4. tISUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Marylan A. STATE COUNTY before admission) (If not in lespital or institution, give street address or B. FULL NAME OF HOSPITAL OR utside corporate limits, write RURAL and give C. CITY OR TOWN carefully INSTITUTION fowndhip) legibly Yrs. ADDRESS (Mrural, give location) Mos. c. Length of stay in Baltimore Days 9. AGE (In years 7. SINGLE, MARRIED If Under I Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED plnods ance clearly 10A. USUAL OCCUPATION (Give kind of OF BUSINESS OR State or foreign country 12. CITIZEN OF ing most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s of death cle 14 MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO Every item of i 18. CAUSE OF DEATH INTERVAL BETWEEN DISEASE OR CONDITION DIRECTLY FOR ONSET AND DEATH LEADING TO DEATH CEREBRAL THROMBOSUS (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES J INK. ERTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) .. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. 21D TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY especially WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from DEC. 22, 1953, to DEC 24, 1963, that I last saw the deceased alive on DEC. 24, 1953, and that death occurred at 6:05 fm., from the causes and on the date stated above. WRITE 23A. SIGNATURE 23c. DATE SIGNED S age 24A. BURIAL, CREMA-TION, REMOVAL (Syccify) 24B. DATE 24C, NAME OF CEMETERY OF CREMATORY PLEASE DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



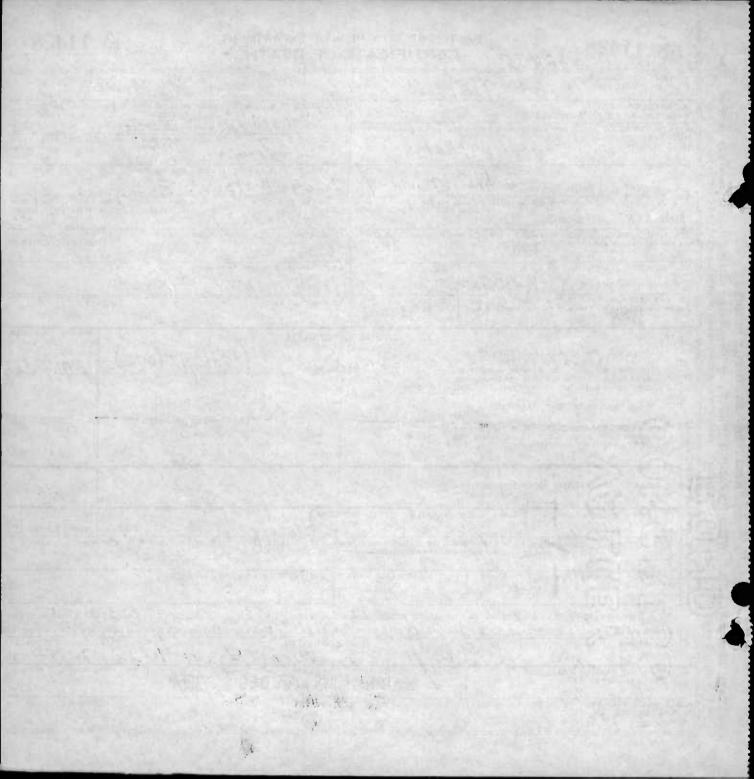


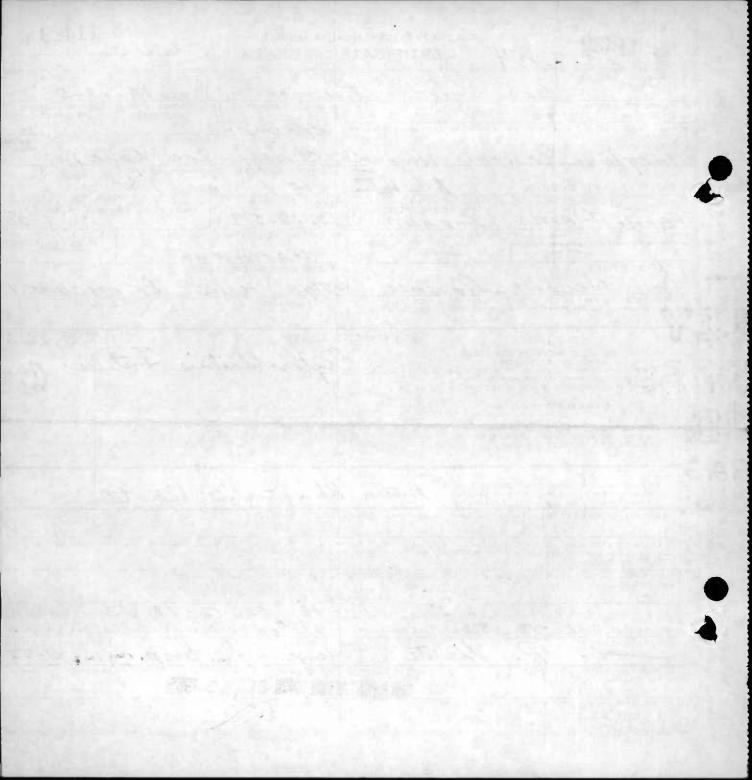
THEBAKGE BALTIMORE CITY HEALTH DEPARTMENT X CERTIFICATE OF DEATH I. NAME OF OECEASED 2. DATE (Type or Print) OF supplied. OEATH 12-4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN If outside corporate limits, write RURAL and give carefully INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days should be early and le d Doder 1 Year II Under 24 Hours 9. AGE (In years) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) clearly 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired. INDUSTRY WHAT COUNTRY information s 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADORESS (Yes, go or nnknown) SECURITY NO. causes of INTERVAL BETWEEN 18. CAUSE OF DEATH 67.5 item ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Every (This does not mean the mode of dying, e.g., MARGIN RESERVED write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) EDI OR CONTRIBUTING | CAUSE OF INJURY OCCUR? OEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE! AWORK WORK 22. I hereby certify that I attended the deceased from . 19 that I last saw the 10 Pm., from the causes and on the date stated above. WRITE and that death occurred at 7 deceased alive on Bec 12.19 284. SIGNATURE JAODRES 23c. DATE SIGNED ge 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DAT PLEASE B ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR





		E OF DEATH Registered No.	11428
	1. NAME OF DECEASED (Type or Print) BABY QIRL REDDI	NG 2. DATE OF DEATH 19 DA	EC. 53
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If inst	titution: residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION LYMERAN HOSP. of BAtto.		rite RURAL and give
	Yrs/.	D. STREET ADDRESS (If rural, give location)	1.
	c. Length of stay in Baltimore 6 hrs 07 min Mass.  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.		er 1 Year   If Under 24 Hours
	FEMALE WhitE WIDOWED, DIVORCED (Specify		Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADD	RESS
	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	RESS
a constant	CAUSE  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO	HATURITY (650 grams)	INTERVAL BETWEEN ONSET AND DEATH
	C)		
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	1/0/10	20. AUTOPSY?
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, afreet, office bldg.		e exact location)
	2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from 1	2-19,1953to 12-19,1953t	
	deceased alive on 17-19, 19 Sand that death occu		3c. DATE SIGNED
,	24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify)	ERY OF CREMATORY 1.24D/LOCATION (City, town, or	(State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	4000	DDRESS
	VS 150 Tuning	I foresteering to be a stilling	
		The second secon	





## BALTIMORE CITY HEALTH DEPARTMENT

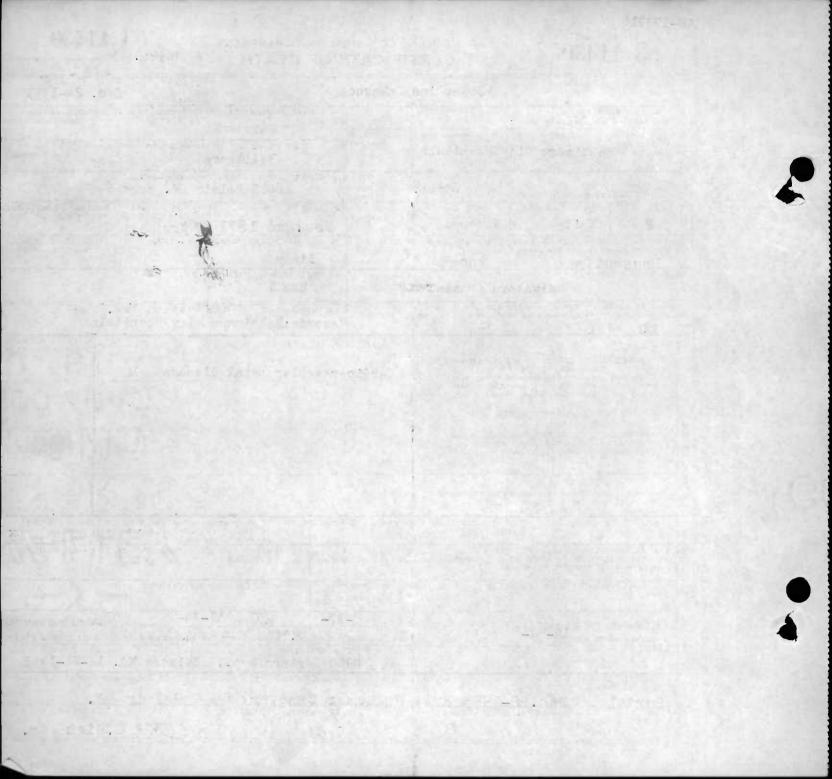
53 11430

St.

ВІ	RTH NO.	1400	CERTIFICAT	E OF DEATH	Registere	ed No	
1. (T	NAME OF D ype or Print)	ECEASED	Josephine DeMarco		2. DATE OF DEATH	Dec. 24-1953	
A.		City, Maryland		4. USUAL RESIDENCE (V	B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals					63	imits, write RURAL and give township)	
c. Length of stay in Baltimore 65yrs. Wos. Days				b. STREET ADDRESS (If rural, give location) 6413 Belair Rd. zone 6			
5. SEX 6. COLDR OR RACE White			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	Nov.2nd 1871	9. AGE (In years last birthday)	Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife		of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Salvatore Cammarata			14. MOTHER'S MAIDEN NAME Mae ?				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.			17. INFORMANT 4940 Eastern Avaporess Records: Baltimore City Hospitals				
RTIFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  CAUSE OF DEATH  (A)  Cardio-vascular renal disease  (B)  DUE TO						
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
AL	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED		CAUSE (	TION WAS RELATED F DEATH, ENTER			
MEDIC	214 ACCIDENT WAS LINDER VINCED 318 DIACE OF INJURY 4						
-	2 ID TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY   Month   Not white   AT WORK   AT						
	22. I hereby certify that I attended the deceased from 8-27-, 1953, to 12-24-, 1953, that I last saw the deceased alive on 12-24-, 1953, and that death occurred at 2.10PM, from the causes and on the date stated above.						
		23a. SIGNATURE  4940 Eastern Ave., Baltimore, Md. 12-24-1953					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  Burial Date Received By Registrar's SIGNATURE ADDRESS  LOCAL REGISTRAR  LOCAL REGISTRAR							

UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH correct age is especially important.

MARKERY



53 11431

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 11431

1. NAME OF DECEASED						
	2. DATE					
(Type or Print) Adeline Bracceline	DEATH Dec 24 1957					
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution residence					
B. FULL NAME OF (If not in hospital or institution, give street address or	Md Balte					
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
St, Josephs Hospital						
c. Length of stay in Baltimore 41 Yrs. Mos. Days	b. STREET ADDRESS (If rural, give location) 6 12 Bel nerd Ave #5					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years II Under 1 Year II Under 1					
Female White Married	March 24 1884 69					
	ieti Italy					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Vincenzo Naddeo	Filomena Deliberato					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
injury or complication which caused death.)  ANTECEDENT CAUSES  Anterior coronary artery occlusion  Disease  Anterior coronary artery occlusion  Disease  Anterior coronary artery occlusion  Due to  With myocardial infarction  (C)						
11						
DISEASES OR CONDITIONS, IF ANY, GIVING, RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. CONDITION FOR WHICH O	CAUSE OF DEATH, ENTER IN PART I OR PART II					
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	cause of DEATH. ENTER IN PER NO (e.g., in or bldg., etc.)   INJURY OCCUR?					
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OF WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK  19A. DATE OF OPERATION  19B. CONDITION FOR WHILE AT NOT WHILE AT N	CAUSE OF DEATH. ENTER IN YES NO AND ANT I OR PART II OR PART II YES NO AND					
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH O  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  WHILE AT NOT WHI	CAUSE OF DEATH. ENTER IN YES NO 2 (e. g., in or sublidge, etc.) INJURY OCCUR?  ED 21F. HOW DID INJURY OCCUR?  LILE 1055 to Dec 24, 1955 that I last saw the					
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office of INJURY OF INJURY  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT W	cause of Death. Enter IN VES NO PART I OR PART I OR PART II VES NO					
DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING DEATH (NOTIFY MEDICAL EXAMINER)  21B. PLACE OF INJURY DEATH ABOUT HOME, farm, factory, street, office about home, farm, factory, street, office of the property of t	CAUSE OF DEATH. ENTER IN YES NO PART I OR PART I OR PART II OR PAR					

BODY TAKEN BY

NAME\_

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ADDRESS-

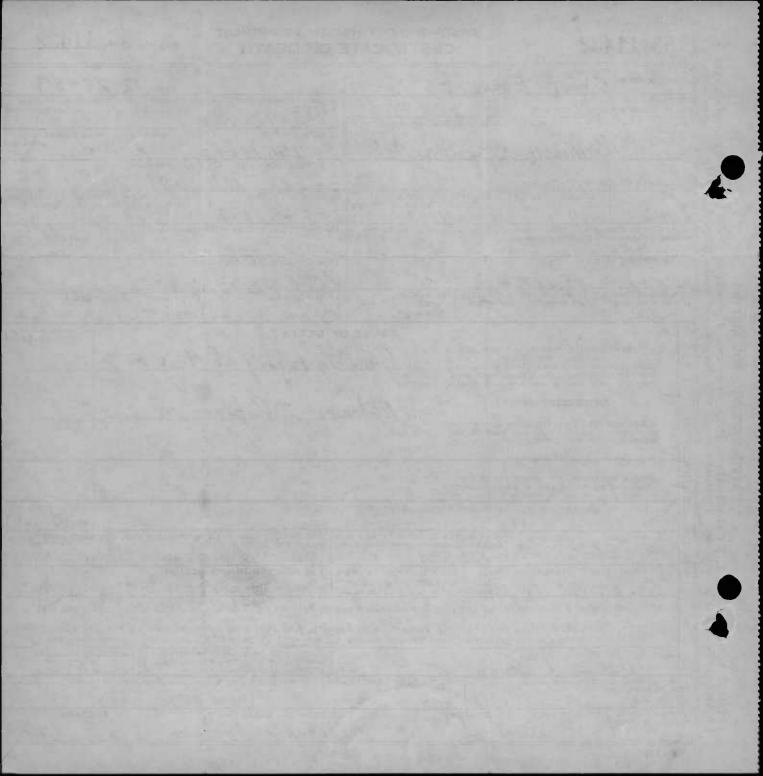
DATE

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PER BUSE ESE SE

B		E OF DEATH Registered No. 11432				
1.	NAME OF DECEASED Print) Robert Frevetts	2. DATE OF DEATH 12-24-53				
A. B.	Baltimore City, Maryland  FULL NAME OF Cf not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission before				
	Bellimore City Hospital  Yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi townshi				
c.	Length of stay in Baltimore Mos. Days	7328 HUGHES AVE				
n.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  NALE WILLIAM SINGLE	8. DATE OF BIRTH  DEC 26, /943  9. AGE (In years list birthday)  Months Days Hours Mir				
WOF	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  SCITOBL	MARYLAND				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
15	HOWARD EVER ETT S  WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS				
(Ye	s. no or unknown) (If yes, give war or dates of service) SECURITY NO.	HOW ARD EVERETTS- 7328 HUGHES AV				
		OF DEATH INTERVAL BETWEE				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ling lugury of Chest +				
	injury or complication which caused death.) DUE TO					
7	ANTECEDENT CAUSES (B) Abdomen & Rupture of Liver					
1OI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
CA	(C)					
ERTIFICATION						
Ü	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?				
CAL	21a. EXTERNAL CAUSE WAS   21b. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, s					
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  21b. PLACE OF INJURY (e.g., in about home, farm, factory, atreet, office bidg., in a contract of the contract of th	in or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?  Community Beach, Jones Creek, Baltimore				
ME	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR) OF INJURY					
	Dec. 24, 1953 2:00 Pam. WHILE AT NOT WHILE AT WORK	x crushed by boulder while digging caye, in				
	22. I certify that I took charge of the remains described above, held an a tiel fully thereon and fro					
	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated abov and death in my opinion resulted from: natural causes $\Box$ , accident $\Box$ , suicide $\Box$ , homicide $\Box$ , undetermined $\Box$ .					
	23A. SIGNATURE	238, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER				
24 TIC		RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
13	URIAL DEC 28,1953 OAK LAWN					
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS  ULLRICH PUNERAL HOME ZIR DURDAL						
V	s 151 js N 869.2	The part of the control of the contr				

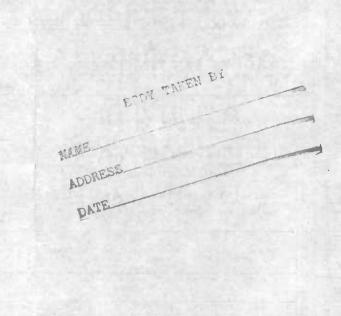


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d. The	
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E PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. specially important. Physicians: please write the causes of death clearly and legibly.	
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# BALTIMORE CITY HEALTH DEPARTMENT

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Registered N	0.4	1	18	0	O	

ВП	· 527	430		CERTIFICAT	E OF	DEAT	ГН	Registered	No.	
			Georg	e F SR				2. DATE OF DEATH DECE	mber 21	. 1953
		EATH:	, 00015		A. STA	ATE	DENCE (W)		institution: 1	
HC	SPITAL OR	OF (If not in hospit	al or instituti				N (If o	outside corporate limi	ts, write RUR	AL and give township)
L	+/	St. Jo	seph's	Yrs.				ural, give location)	2 () 1	
c.	Length of s	tay in Baltimore			51	03 Fra	nkfort	Avenue		
		6.COLOR OR RACE White	WIDOW	ED. DIVORCED (Specify			- 4	last birthday) M	if Under 1 Year onths Days I	Hours Min.
10	done during most o	of working life, even if retired)		INDUSTR	1		(State or for		12. CITIZE WHAT	N OF COUNTRY?
13	FATHER'S	AME DAN	De Aet	promers			AIDEN NA	ME N		
			FORCES?	16. SOCIAL	17. IN	FORMANT	7	Took	ADDRESS	
(10	V	(II yes, give wat or date	a di salvica)	12-03-0226	Ma	orgela	Bull	12204	E Bil	10, St
	5/			CAUSE	OF DE	HYA		V		AND DEATH
	heart failu	not mean the mode ore, asthenia, etc. It mea	f dying, e. g ns the disease	e,	legree	gas i	nfectio	on	***************************************	
_	ANTECEDENT CAUSES Proteus Vorganii									
TION	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	G DUE TO					******************************	••••••
				(c) LSCIL	Lorect	al aos	cess			
ERTIF	TO THE	DEATH BUT NOT I	RELATED TO							
AL C	the second name of the second na	F OPERATION 1	9B. CONDI		PERATIO	ИС	CAUSE OF	DEATH. ENTER		TOPSY?
EDIC	OR CONTRIB	BUTING CAUSE OF	about					f in Baltimore City	, give exact l	location)
Σ	21D. TIME ( OF INJURY	Month) (Day) (Year)		WHILE AT NOT WH	ILE	21F. HOW	ונאו סום v	JRY OCCUR?		
	22. I hereb	y certify that I att	ended the	deceased from Dec	ember	15, 19	53 to Dec	cember 2419	3, that I la	st saw the
	deceased a	live on Dec. 24	_, 1953	and that death ocer	rred at	DRESS	n., from th	e causes and on	the date sta	ted above.
		fullen ffle	astion	M. D.	1400	O N. Ca			Dec. 2	4,1953
73	AA. BURIAL.	CREMA- 24B. DATE	6.1952	24c. NAME OF CEMET	ERY OR C	CREMATOR	Bola B	RATION (City town	Solto.	(State)
			S SIGNATU	RE.	25. FL	MERAL DI	RECTOR	Jus sas	ADDRESS	12
-	VS 150	1777 I Januarian	0		1	13 1	-	TATE OF THE PARTY		my at
	MEDICAL CERTIFICATION SALE STATE FOR THE TOTAL T	I. NAME OF D  A. Baltimore ( B. FULL NAME HOSPITAL OR INSTITUTION  C. Length of S  5. SEX  Male  10A. USUAL OC  13. FATHER'S N  15. WAS DECEAS (Yes, no or unknown)  18. DISEAS  (This does heart failuinjury or  UNDERLY  OTHER SIG TO THE DISEASE RISE TO T  UNDERLY  OTHER SIG TO THE OF INJURY  21A. ACCIDE OR CONTRIE DEATH (NOT  21D. TIME ( OF INJURY)  22. I hereb deceased a 23A. SIGNA	I. NAME OF DECEASED (Type or Print)  Butler  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospith Hospital OR INSTITUTION  C. Length of stay in Baltimore  5. SEX  G. COLOR OR RACE  Male  White  10A. USUAL OCCUPATION (Give hind of red done during most of working life, even if retired)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARMEL (Yes, no brough nown)  IF ADDING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of the working conditions and the mode of heart failure, asthenia, etc. It mea injury or complication which of the property of t	BIRTH NO.  1. NAME OF DECEASED (Type or Print)  S. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution hospital or institution hospital or institution hospital or institution institution hospital	BIRTH NO.  1. NAME OF DECEASED (Type or Print)  S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location institution)  St. Joseph's Hospital  Yrs. Mos. Days  C. Length of stay in Baltimore S. SEX (S. COLOR OR RACE) Male White Separated  10A. USUAL OCCUPATION (Givekindof) 10A. USUAL OCCUPATION (Givekindof) 10A. USUAL OCCUPATION (Givekindof) 13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARRED FORCES? (Yes. nobyluknown)  15. WAS DECEASED EVER IN U. S. ARRED FORCES? (Yes. nobyluknown)  16. CAUSE  DISEASE OR CONDITION DIRECTLY (This does or such or deceased death)  DISEASE OR CONDITION DIRECTLY (This does or such or death of the property	I. NAME OF DECEASED (Type or Print)  S. PLACE OF DECATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location)  St. Joseph's Hospital  Yra. Mos. Days  S. SEX G. COLOR OR RACE TO WINDOWED, DIVORCED (Specify) Separated  10.A. USUAL OCCUPATION (Givekinded of Most dome during most of working file, were if retired)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARRED PORCES; (Yes, no boly unknown) (If yes, give way or dates of service)  15. WAS DECEASED EVER IN U. S. ARRED PORCES; (Yes, no boly unknown) (If yes, give way or dates of service)  16. SOCIAL (Yes, no boly unknown) (If yes, give way or dates of service)  17. IN  18. CAUSE OF DE  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  19. DATE OF OPERATION  OR CONTRIBUTIONS CONTRIBUTING  TO THE ABOVE CAUSE (A) STATING THE DISEASE OR CONDITION LAST.  19. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATIC TO THE DISEASE OR CONDITION CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  210. TIME (Month) (Day) (Year) (Hour)  211. ACCIDENT WAS UNDERLYING 198. CONDITION FOR WHICH OPERATIC WAS PERFORMED  212. I hereby certify that I attended the deceased from December deceased alive on Dec. 24, 19. 53 and that death occurred at 23B. ADD  224. BURIAL, CREMA- 24B. DATE  240. ABURIAL, CREMA- 24B. DATE  241. BURIAL, CREMA- 24B. DATE  242. NAME OF CEMETERY OR CAUSE (A) PATE 24C. NAME OF CEMETERY OR CAUSE (B) PLOCAL REGISTRAR  REGISTRAR  REGISTRARS SIGNATURE.  244. DATE RECEIVED BY LOCAL PROBLEMANCE.  245. PLACE OF DEATH OR CREMATERY OR CAUSE OF CAUSE	I. NAME OF DECEASED (Type or Print)  S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or leasting) I. S. L. A. Baltimore S. SEX (If not in hospital or institution, give street address or leasting) I. S. L. Length of stay in Baltimore S. SEX (S. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED. DIVORCED (Specify) Separated I. S. Lever Brothers I. S. WAS DECEASED EVER IN U. S. ARRED FORCES: (Yes, no bod unknown) II. S. WAS DECEASED EVER IN U. S. ARRED FORCES: (Yes, no bod unknown) III. S. WAS DECEASED EVER IN U. S. ARRED FORCES: (Yes, no bod unknown) III. S. WAS DECEASED EVER IN U. S. ARRED FORCES: (Yes, no bod unknown) III. S. WAS DECEASED EVER IN U. S. ARRED FORCES: (Yes, no bod unknown) III. S. WAS DECEASED EVER IN U. S. ARRED FORCES: (Yes, no bod unknown) III. S. WAS DECEASED EVER IN U. S. ARRED FORCES: (Yes, no bod unknown) III. S. WAS DECEASED EVER IN U. S. ARRED FORCES: (Yes, no bod unknown) III. S. WAS DECEASED EVER IN U. S. 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ARRED FORCES: (Yes, no bod unknown) III. S.	I. HAME OF DECEASED (Type or Print)  Butler, George E. S.  S. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital S. EX. Joseph's Hospital S. EX. Joseph's Hospital  C. CITY OR TOWN (If or INSTITUTION  St. Joseph's Hospital S. SEX OR COLOR OR RACE White Separated  OA USUAL OCCUPATION (Give hinded) Male White Separated  10. RATHER'S NAME  11. BRY HPLACE (State or for Maryland) 12. FATHER'S NAME  13. FATHER'S NAME  14. USUAL OCCUPATION (Give hinded) Separated  15. WAS DECEASED EVER IN U.S. ARRED FORCES? (Yes, sock unlessens) (If yes, yes, yes or detained of everlee)  16. SOCIAL SECURITY NO.  17. INFORMANT  18. OCCUPATION (Give hinded)  19. DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)  DISEASE OR CONDITION LEST.  OTHER SEMIFICANT CONDITION LEST.  OTHER SEMIFICANT CONDITION LEST.  OTHER SEMIFICANT CONDITION CAUSES  (a) Proteus Morganii  OUE TO  OTHER SEMIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19. DATE OF OPERATION  WAS PERFORMED  21. ACCIDENT WAS UNDERLYING CAUSE OF DEATH ONT WHILE WHILE AT NOT WHILE WHILE AT NOT WHILE  OF HAJURY  22. I hereby certify that I attended the deceased from December 15, 19.53 to Deceased alive on DEC.  22. I hereby certify that I attended the deceased from December 15, 19.53 to Deceased alive on DEC.  22. Just Needed to December 15, 19.53 to Deceased alive on DEC.  23. ADDRESS  AND THE SEMIFICANT CONDITION  AND THE SEMIFICANT CONDITION CAUSING IT.  WHILE AT NOT WHILE	I. NAME OF DECEASED (Type or Print)  Butler, George E. S.  2. Date OF DEATH Butler, George E. S.  3. PLACE OF DEATH Butler, George E. S.  3. PLACE OF DEATH Butler, George E. S.  4. USUAL RESIDENCE (Where deceased lived.) A. STATE Jand C. CITY OR TOWN (If outside corporate limit station) St. Joseph's Hospital  Yes, Wood Death Station of Stay in Baltimore  C. Length of stay in Baltimore  S. SEX G. GOLOR OR RACE TOWN (If outside corporate limit station)  S. SEX G. GOLOR OR RACE TOWN (If outside corporate limit station)  Male White Willowed Deverted Green of Stay in Baltimore  ONLY OF BUSINAL OCCUPATION (Givahaded loss, NOVERCED Green)  Acceptance and Green of Stay in Baltimore  J. S. SEX G. GOLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  Male White Town of Stay in Baltimore  J. S. SEX G. GOLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  Male White Town of Stay in Baltimore  J. S. SEX G. GOLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  Male White Town of Stay in Baltimore  J. S. SEX G. GOLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  Male White Town of Stay in Baltimore  J. S. SEX G. GOLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  J. S. SEX G. GOLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  J. S. SEX G. GOLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  J. S. SEX G. GOLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  J. S. SEX G. G. COLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  J. S. SEX G. G. COLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  J. S. SEX G. G. COLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  J. S. SEX G. G. COLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  J. S. SEX G. G. COLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  J. S. SEX G. G. COLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  J. S. SEX G. COLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  J. S. SEX G. G. COLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  J. S. SEX G. G. COLOR OR RACE TOWN (Givahaded loss, NOVERCED Green)  J. S. SEX G. G. COLOR OR RACE TOWN (Givahaded loss, NOVERCED Gre	INAME OF DECEASED (Type or Print)  Butler, George E. S.  PLACE OF DEATH.  Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give sirect address or hospital or institution).  Baltimore City, Maryland  St. Joseph's Hospital  C. Length of stay in Baltimore  St. Joseph's Hospital  C. Length of stay in Baltimore  C. Length of stay in Baltimore  S. SEX  G. COLOR OR RACE  White  S. SEX  G. COLOR OR RACE  C. SINGLE MARRIED.  WIDOVED DIVORCED Georgy  WIDOVED DIVORCED GEORGY



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11-52-4	-
50 44 404 BALTIMORE CITY HE	ALTH DEPARTMENT 53 11494
BIRTH NO. 49 20802 CERTIFICATE	E OF DEATH Registered No. 1434
1. NAME OF DECEASED	1 2. DATE
(Type or Print) PATRICIA+ UNGLES!	DEATH/2-24-53
3. PLACE OF DEATH:  A. Baltimore City, Maryland /3 alto Cuty	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before idensission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Poullo City 20 1
HOSPITAL OR location)	c. CITY OR TOWN (If outsign corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	2330 WAShiNGTON, BLUD #30
5. SEX 6. COLOR DR RACE 7. SMGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Van Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman & UNglesbee	Margone Cook
15. WAS DECEASED EVER IN U. S. AR OD FORCES?   16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
	mathen 1330 Wash Balto 30
18. 204.4 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	KemiA
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in the convolution of the conv	1,000

(Ye	(If yes, give war or dates of service)	SECURITY NO.	2.17	en 1330 Wash	Walk 3m
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		OF DEATH KEMIA	2330 N W W	INTERVAL BETWEEN
CATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)  DUE TO  (C)			
ERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.				
CAL	19A. DATE OF OPERATION   19B. CONDITION   19B. CONDITION   19B. CONDITION   19B. CONDITION   21A. ACCIDENT WAS UNDERLYING   21B. P	1ED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY?
$\overline{2}$	ZIA. ACCIDENT WAS UNDERLYING ZIB. P	LACE OF INJURY (	e. g., in or ZIC. WHE	THE DID (II III Baltimore City, gi	ve exact location)

21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about home, furm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK,

2 IF. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 53 and that death occurred at 2:5 deceased alive on

In., from the causes and on the date stated above.

238. ADDRESS 23c. DATE SIGNED

24B. DATE NAME OF

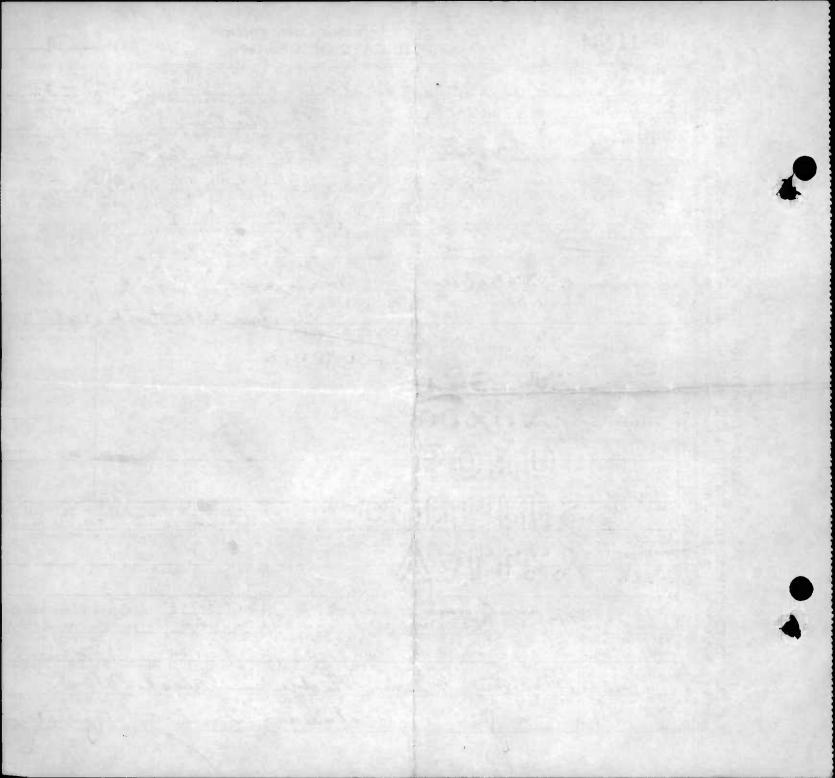
24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DIRECTOR

that I last saw the

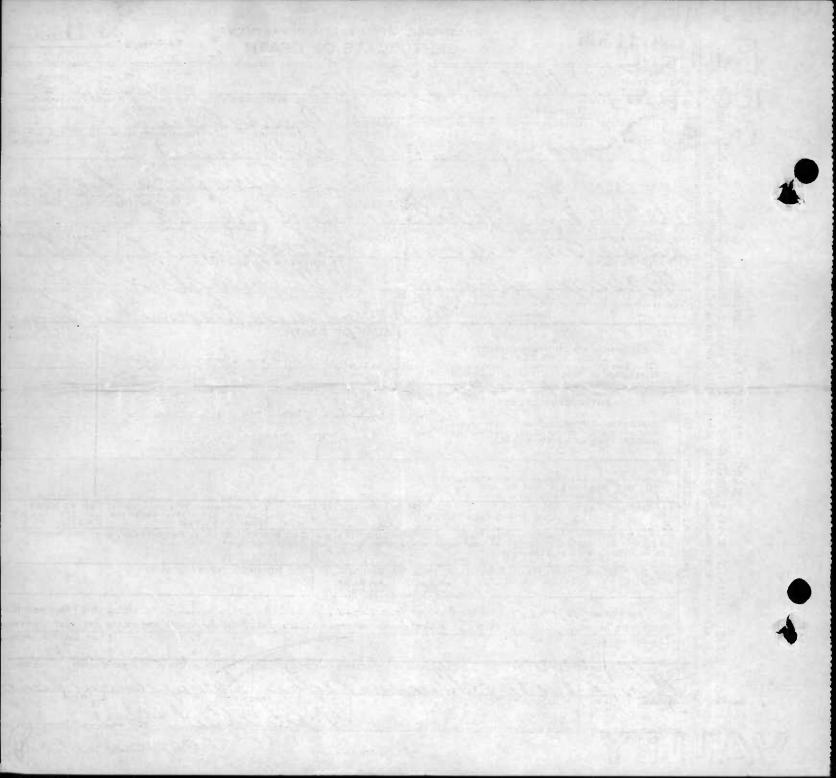
DATE RECEIVED BY

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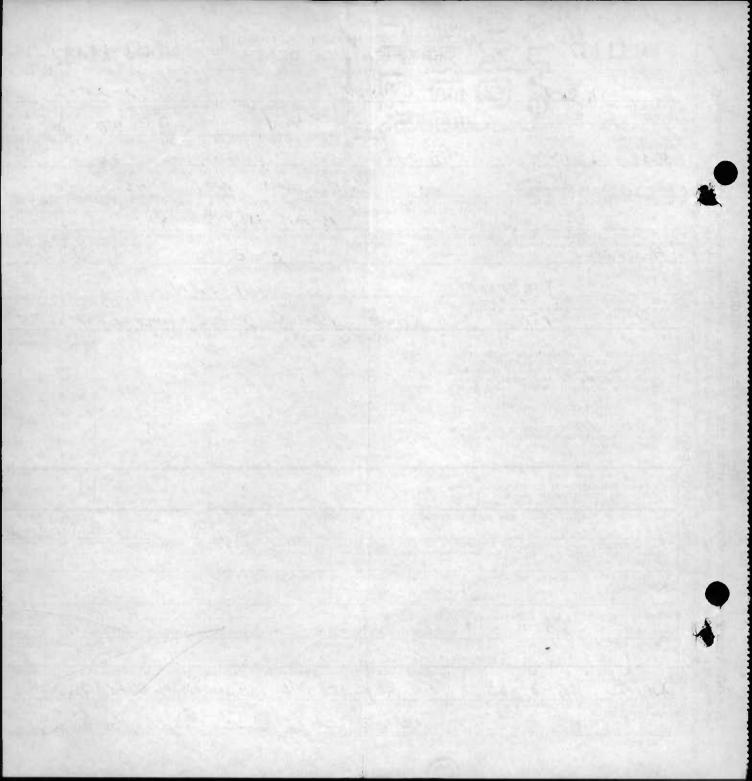


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	1	BALTIMORE CITY HEALTH DEPARTMENT 53 11436
		53 11436  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No. 11436
The	ВІ	RTH NO.
		NAME OF DECEASED William / Barry V OF DEATH /2/25/53.
should be carefully supplied.		PLACE OF DEATH:  4. USUAL RESIDENCE (Where deceased lived, if institution: residence Baltimore City, Maryland  8. COUNTY before admission)
ns	HC	FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITYOR TOWN (If outside corporate limits write RURAL and give
fully y.	IN	ISTITUTION (mis elacty Harrifal faithfunction) (12. township)
care		Yrs. O. STREET ADDRESS (If rural, give location) Mos.
be of le		Length of stay in Baltimore  Days   10   10   10   10   10   10   10   1
ould ly al	10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLAGE (State of foreign country)   12. CITIZEN OF
on should be carefu	work	Howelfring mother cocking Brown if retired)  NDUSTRY  WHAT COUNTRY?
NDING information s of death ele	13	FATHER'S NAME
DINC nform of de		S, WAS DECEASED EVER IN U. S. AMMED FORCES? 16. SOCIAL 17/MFORMANT ADDRESS
E 44 8	(Ye	(11 yos, give war or dates of service) 214-63-119 Marie Marie Caree,
		18. 576 X I CAUSE OF DEATH ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO
		ANTECEDENT CAUSES
RESEI INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO
RGIN ADING icians:	CA	UNDERLYING CONDITION LAST. (C)
MARGIN UNFADING Physicians:	RTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
UNE	CEF	TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.
H	AL	194. DATE OF OPERATION   198. CONDITION FOR WHICH OPERATION   15 OPERATION WAS RELATED TO 20. AUTOPSY?   CAUSE OF DEATH. ENTER IN YES NO PART I OF PART II OF PART II
ILY, WITH	EDIC.	21a. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or CONTRIBUTING CAUSE OF
	Z	OF INJURY
PLAIN		ni.   work   AT WORK
		22. I hereby certify that I attended the deceased from 12/7/1933, 19, to 12/25, 1933 that I last saw the deceased alive on 12/25, 1933, and that death occurred at 125 fm., from the causes and on the date stated above.
RI		23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 12/25/5 3
PLEASE W	2. TI	AA. BURIAL, CREMA- 24B. DATE 24C NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEASE correct a	1	ATE RECEIVED BY REGISTRAT'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS
PL	Lo	OCAL REGISTRAR
		VS 150 644 6A 1300 Entant Pl,
		674-6H



	Q			
		BALTIMORE CITY HE		. 50 44 .
16		53 11437 CERTIFICATI	E OF DEATH	Registered No. 1437
The		NAME OF DECEASED		DATE
ri		Type or Print) MARY BRIDGET DOYLE		OF /2-25-53
supplied.	3.	PLACE OF DEATH:		e deceased lived, If institution : residence
dd	_	Baltimore City, Maryland	A. STATE	B. COUNTY before admission)
Su		FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	77 ( 4	BALTO
ully y.		NSTITUTION	C. CITY OR TOWN (If outs	side corporate limits, write RURAL and give township
	-	3036 ELLIOTT ST. (24)	PLONUL	LK 22
gip	10-	DUNDALK YES. MOST	D. STREET ADDRESS (If rura	l, give location)
9		Length of stay in Batemore Days	DUNLEER HYT	S. #3
- u	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9.	AGE (in years   H Under   Year   H Under 24 Hours   last birthday)   Months: Days   Hours : Min.
uld y a		F. W. WIDON	15 AUG. 1868	85
on should clearly an	10	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR k done dyring most of working life, even if retired)	11. BIRTHPLACE (State or foreig	
	"0"	k done during most of working life, even if retired) INDUSTRY	FIRE	WHAT COUNTRY
tio h	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
information s of death cl		ONK NO N M	4 02 1/ 02 0	/
f d	15	5. WAS DECEASED EVER IN 0, S. ARMED FORCES?   16. SOCIAL	NONXNOW	
info s of	(Ye	se, no or anknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
of	_	NO NO NONE	EDW. C. DOYLE	- JUNGEER APTS. #5
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ite		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	De. C	Mercent
ry th		(This does not mean the mode of dying, e.g.,	allmony ve	Signature 1
Ever		heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	> /	
>		ANTECEDENT CAUSES	- 1-11	+ 1
INK.	z	(B) / M	meline / la	of Chicago
INK	ō	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
5	AT	UNDERLYING CONDITION LAST.		
UNFADING Physicians:	2	(C)		
AD icia	TIF	11		
YS	ERTI	OTHER SIGNIFICANT CONDITIONS CON-		
Ph	Ü	TO THE DISEASE OR CONDITION CAUSING IT.		
		19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
WITH rtant.	CA			YES NO
ILY, WITH important.	MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout bome, farm, factory, atreet, office bldg., e CAUSE OF DEATH	n or 21C. WHERE DID (If in INJURY OCCUR?	Baltimore City, give exact location)
Hii	2	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OF	CCUR?
		OF INJURY WHILE AT NOT WHILE		. /
24.45		m.   WORK   AT WORK	0/10/ 53 /2-	1.1 .63:
E E		22. I hereby certify that Lattended the deceased from	199 70	, 19 that I last saw th
	4	deceased alive on 2 , 19 : and that death occur		auses and on the date stated above
NR is		heling I would	3B. ADDRESS	Cull - 23c. DATE SIGNED
PLEASE WRITE correct age is	2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	111 000	T.ON (City, town, or county) (State)
t a	TI	ON REMOVAL (Specify)		1
EA	_	DUKIAL INCATOS INEW CALL		DSON AUE. BALTO. Md.
PL		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS .
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		VS 150		/
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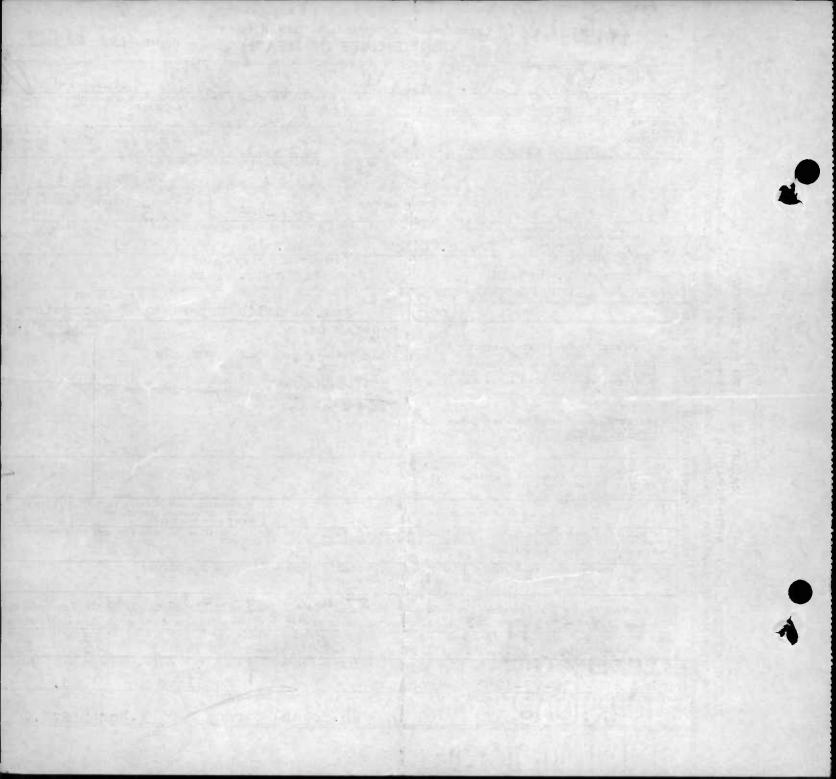


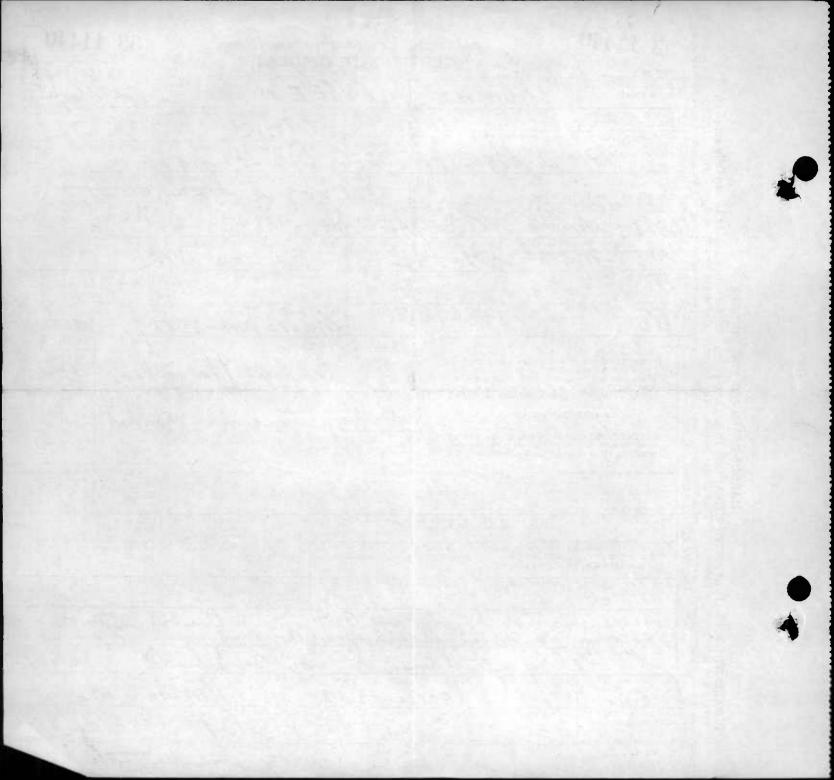
If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours! Min. 12. CITIZEN OF ADDRESS YES (If in Baltimore City, give exact location) 12-24-53, 19 \_, that I last saw the Im., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS

before admission)

township)

	53 11439  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No. 11439								39					
The	BIRTH NO.													
		ype or Print)	ECEASED	:://:	- R.	BRUA	+6				2. DATE OF DEATH	12/2	4/53	
ld be carefully supplied. and legibly.		PLACE OF D Baltimore (		vland	10	1 -10-4	10	A. STA		DENCE (W)				sidence admission
ins	В.	FULL NAME OSPITAL OR			l or institu	tion, give street	address o	1	MAD	yland	utaida aarman	nės limits	mate DUD	W 1 1
ully.		STITUTION	22 (	1	= H	-= 0:1	0	C. CIT	CO AL	timor	outside eorpor	ate maits,	5 2	township
refribly	11			Tane	~	ospiro	Yrs. Mos.	D. STF	REET ADD		ural, give loca	ition)	- 1	
e cs leg		Length of s			Pr. Clascot	68	Days		507		Rgeto		Rd	
should be	5.	SEX	6.COLOR	OR RACE	WIDOV	E. MARRIED, VED, DIVORCE			E OF BIR	1888	9. GE (In )		the Days H	ours Min
shoul	10	A. USUAL OC	CUPATION	(Give klud of		D OF BUSINES	SS OR			E (State or for	elgn country	)   1	2. CITIZEN	
on s		done during most of			Balt	o. City	DUSTR	Y	Md.				WHAT	COUNTRY
atic	13	. FATHER'S N		Pares						MAIDEN NA				
orm deg	1 85			Brya		1		_		J. Co	Te			
BINDING of information uses of death cle		, was DECEASE	(If yes, giv	o war or dates	of service)	16. SOCIAL SECURI	TY NO.		FORMANT	lia Br	want 2		DRESS	town
of use	no	18. 1/2	./ /			none		OF DE		TIA DI	yanı z	307 0	INTERVAL	BETWEE
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item correct age is especially important. Physicians: please write the car	MEDICAL CERTIFICATION	OTHER SIG TO THE DISEASE OF CONTRIE OF INJURY	LEADING not mean re, asthenia, eomplication and the ABOVE of ING CONIC HE ABOVE OF THE ABOVE OF	JNDERLYII CAUSE OF L EXAMINER ay) (Year)	ANY. GIVI STATING T  CONTRIB ELATED T  IT. BB. COND AS PERFO (Hour)  m.  cnded the 1953	(B)  (B)  NG  HE DUE TO  (C)  UTING  O THE	HICH CONJURY STREET, OFFICE OF WHICH AT WOLD OWN AT WHITE WOLD OWN AT WOLD OWN	(e. g., in or bidg., etc.)  RED  ILE  RK  7. Vo  urred at.	21c. WH INJURY 21f. HO 9.50 7.	CAUSE OF PART I	f in Baltimo	nter in re City. g	that I last date state 23c. Date 25. Jean	No cation)
PLEA	D	ATE RECEIVE DCAL REGIST	D BY   RE	GISTRAR'S			16			Strong			ADDRESS	е.,
		VS 150		Ø		9	970	93	,					





BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH supplied. 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY I A. Baltimore City, Maryland A. STATE B. FULL NAME OF "I not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION COCKEYSVILLE Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. ARRIED should 10A. USUAL OCCUPATION (Givekind of clearly 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY INSULANCE AGEN ICE information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. ECORDS causes of CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES r INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: RTIFIC H OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION WITH important. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. Road 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE Dec. 24 11:05 Pen. pecially WORK 22. I certify that I took charge of the remains described above, held an the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes  $\square$ , accident ot X, suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . WR. 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR .. PLEASE 24A. BURIAL. CREMA-24C, NAME OF CEMETERY OR CREMATORY 24B. DATE correct DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR V S 151

FOR

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NTERVAL BETWEEN DNSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 5300 1500 block E. Joppa Road Auto and anto collision (driver thercon and from Autopsy, Inspection or Inquiry 23B. CHIEF MEDICAL EXAMINER..... 24D. LOCATION (City, town, or county) ADDRESS

before admission)

If Under 1 Year

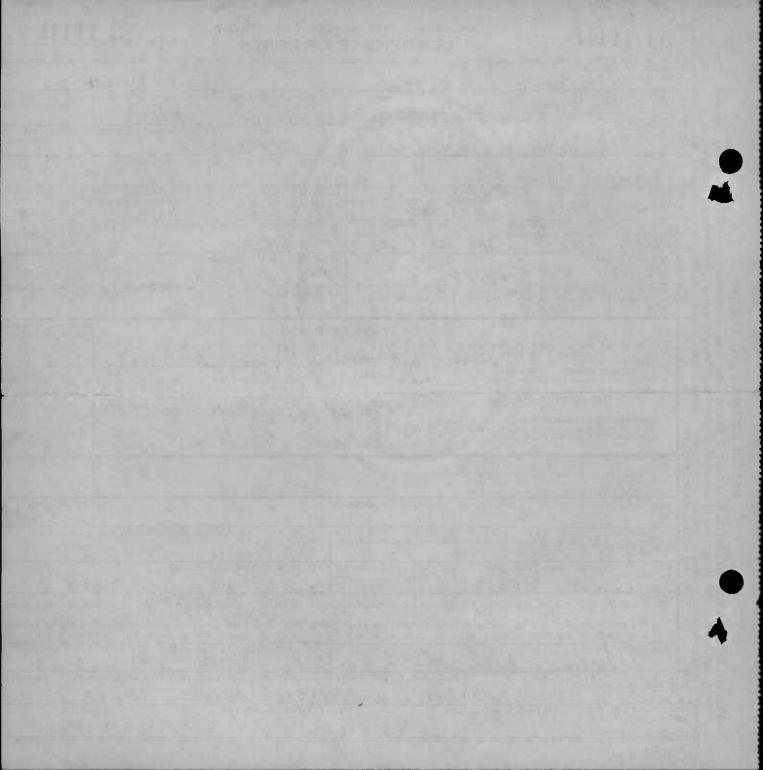
ADDRESS

12. CITIZEN OF

township)

If Under 24 Hours

WHAT COUNTRY?



			MISIER	
	C	3 11442 BALTIMORE CITY		Registered No.
The	81	CERTIFICA	TE OF DEATH	Registered No.
E		NAME OF DECEASED		2. DATE/
-pg	5	ARAH MINNIE MISTER		OF 12/27/53
pli		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If institution; residence  B. COUNTY before admission)
dns	В.	FULL NAME OF (If not in hospital or institution, give street address	s or MD	Balto
Ily		OSPITAL OR locati	c. CITY OR TOWN (If c	outside corporate limits, write RUBAL and give townshlp)
efu	14	WINAI HOSPITAI	62/10 170	urai, give location)
ld be carefully supplied. and legibly.		M. M.	08. 5.30 N V	and let a my Av
be d le		. SEX   6. COLOR OR RACE   7, SINGLE, MARRIED,	8. OATE OF BIRTH	9. AGE (In years)   H Under I Year   If Under 24 Hours
200		F WIDOWED, DIVORCED (Spe	8/6/80	last birthday) Months Days Hours Min.
on shoul	10 work	DA. USUAL OCCUPATION (Givekiudof 10B. KINO OF BUSINESS OF kdong during most of working life, even if retired)		reign country) 12. CITIZEN OF WHAT COUNTRY?
		HOUSE WITE	Virginia -	
NG rmatic death	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME
IDING information of death cle		GEORGE 18. Scott	MARCARET	MILISONI
BINDING of inform uses of deg	(Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. SECURITY NO.	. 17. INFORMANT	ADDRESS
of of ises	-		Gro, Scott 5:	39 N KENINGER HUE
M H H		100	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
FOR item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	IMANORI EM	epolisus
M		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		
RESERVED INK. Ever please write		injury or complication which caused death.) DUE TO		
	7	ANTECEOENT CAUSES		
RESEI INK.	õ	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO		
1 N	AT	UNDERLYING CONDITION LAST.		Maria Bella Maria
GIN			-	
MARGIN I UNFADING Physicians: p	RT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
M. Hy	CEF	TO THE OEATH BUT NOT RELATED TO THE CONSISTENCE OF CONDITION CAUSING IT.	CINOMA Brea	15t- 10th
	,	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH		ION WAS RELATED TO   20. AUTOPSY?
WITH rtant.	<u>₹</u>	12/24 33   WAS PERFORMED Ca. of	101 2057   PART 1 01	R PART II
6	EDIC	21A. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE OF INJUR OR CONTRIBUTING ☐ CAUSE OF about home, ferm, factory, street, f DEATH (NOTIFY MEDICAL EXAMINER)	Y (e.g., in or 21c. WHERE DID () fifice bldg.,etc.) INJURY OCCUR?	If in Baltimore City, give exact location)
ILY imp	Σ	210 TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCU	RRED 21F. HOW DID INJU	URY OCCUR?
FE PLAINLY, especially impo		OF INJURY WHILE AT NOT	WHILE	
PL		22. I hereby certify that I attended the deceased from_	12/20/ 1953 to	12/27 , 1953 that I last saw the
RITE espe		deccased alive on 12/27, 19 53, and that death of	curred at 10 53 Am., from th	e causes and on the date stated above.
SIT		23A. SIGNATURE	23B. ADDRESS	23c. DATE SIGNED

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

APDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DURIA DATE RECEIVED BY LOCAL REGISTRAR VS 150

REGISTRAR'S SIGNATURE

SAKAH George R. Scott MIRCHAET MILLSEN Que, Seet 839 N. Kenneret Her EURIST 1-1-54 MF Hally CONAMER VIEWER Thempoly 100 in the want the wind in the second state

The

53 11443

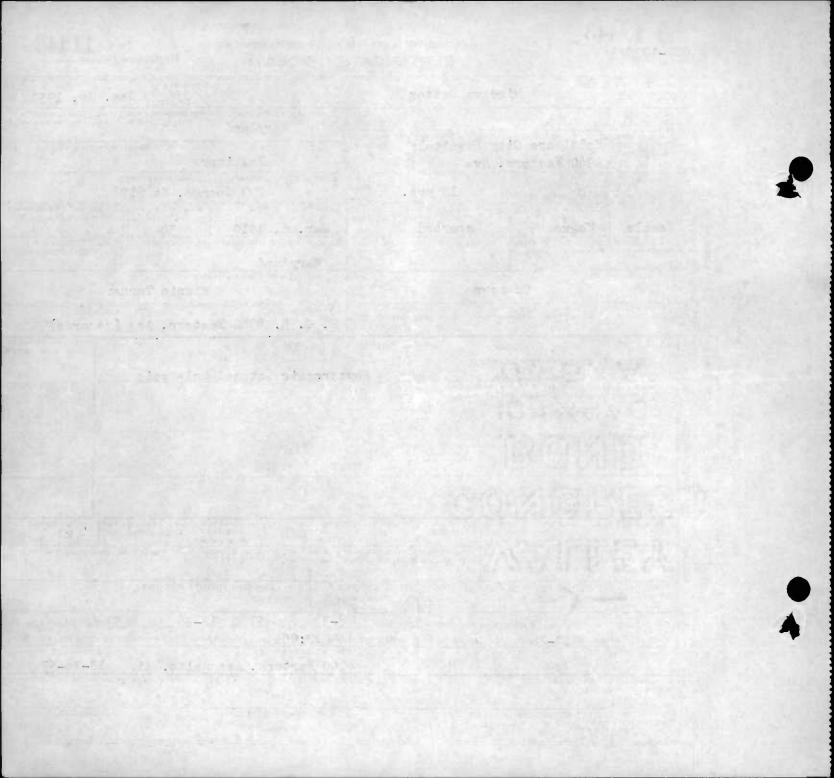
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

Persy and

BIRTH NO.		CERTIFICA	TE OF DE	HTA	Registere	d No.	
I. NAME OF D (Type or Print)	M	inerva Dutton			D 271111	ec. 26,	
	City, Maryland		A. STATE	RESIDENCE (When			: residence (ore admission)
B. FULL NAME HOSPITAL OR INSTITUTION	Baltimore C:		c. CITY OR 1			100	URAL and give township)
c. Length of s	stay in Baltimore	10 yrs. Mo	08.		ge, St #1		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF		last birthday)	Months Days	H Under 24 Hours Hours Min.
IOA. USUAL OC	Negro	Separted 1 108. KIND OF BUSINESS OR		ACE (State or foreign	34 ign country)	12. CITIZ	
Herene	of working life, even if retired)	Ten Nome	Maryla	and			T COUNTRY?
13. FATHER'S N	NAME		14. MOTHER	'S MAIDEN NAMI			
IE WAS DECEAS		known			innie Tur		
(Yes, no or unknown)	ED EVER IN U. S. ARMEI	D FORCES? 16. SOCIAL SECURITY NO	B. C. H.	. 4940 East	tern, Ave	ADDRESS (record	is)
UNDERLY	ure, asthenia, etc. It means to complication which complication which complication which complications are complicated as the complication of the	CAUSED death.) DUE TO  SES  (B)					
IN TO THE	GNIFICANT CONDITIONS DEATH BUT NOT I	RELATED TO THE	-	•••	******		
19A. DATE O	OF OPERATION I	19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION		N WAS RELATED DEATH, ENTER		NO NO
O OR CONTRIE	ENT WAS UNDERLY! BUTING CAUSE OF TIFY MEDICAL EXAMINE	F obout home, farm, factory, street, or		WHERE DID (If			
21D TIME ( OF INJURY	(Month) (Day) (Year)	WHILE AT NOT V	RRED 21F.	HOW DID INJUR	RY OCCUR?		
22. I hereb		tended the deceased from		, 1953, to 12-			
		_, 19_53, and that death oc			causes and or		
23A. SIGNA	Hr Julie	1 Bu . M.D.	4940 Easte	ern, Ave Ba	alto. Md.	12-2.6	ATE SIGNED
24A. BURIAL, (TION, REMOVAL (S	Specify) /2/30	24c. NAME OF CEME		tory 9 /h	ATION (City, to	ADDRES	nel.

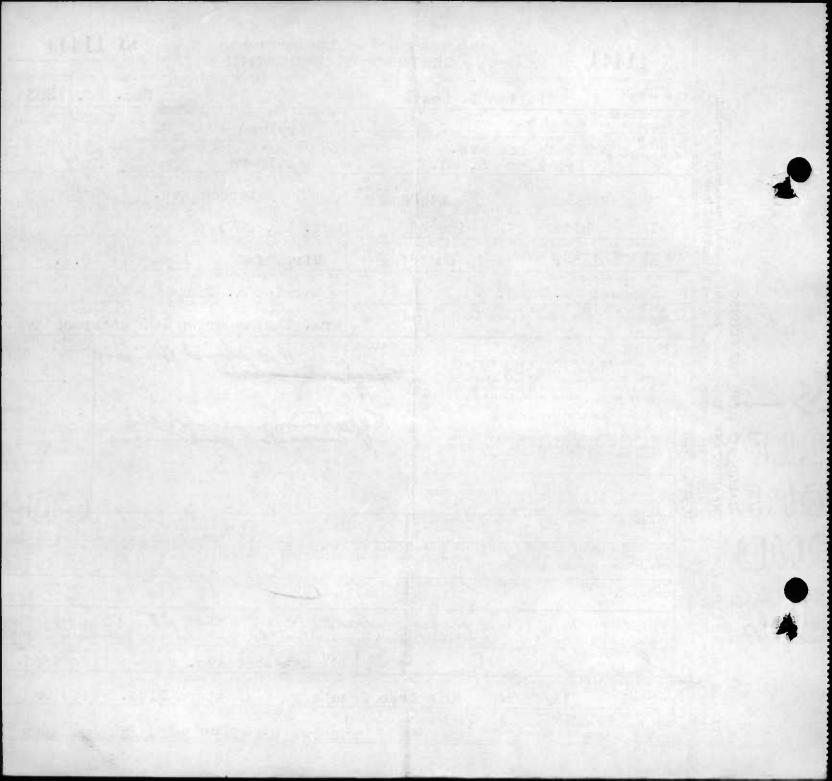


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#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	11444
Registered	No.

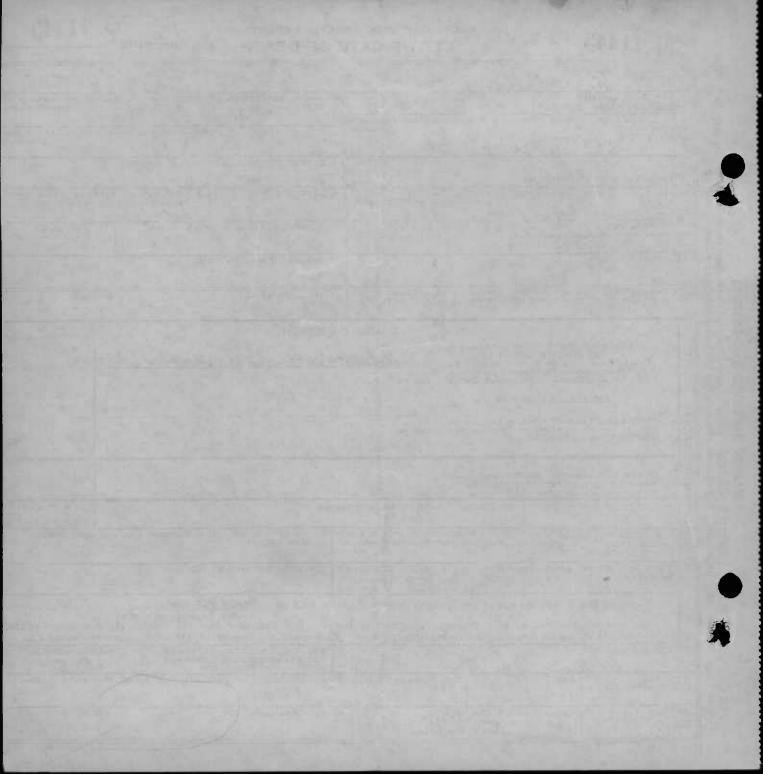
	5	CERTIFICATE OF DEATH  Registered No.  Registered No.								
	1.	NAME OF D		am T.	Lewis		2. DATE OF Dec.	25, 1953		
	3. A.	PLACE OF D Baltimore (	EATH: City, Maryland			A. STATE	ENCE (Where deceased lived, 1f			
clearly and legibly.	B. I	FULL NAME	of (If not in hospit 909 Patapso	o Ave	tion, give street address or location)	C. CITY OR TOWN	(If outside corporate limi	ts, write RUPAL and give township)		
	15	0	Brooklyr	25,	Md.	Baltime D. STREET ADDR	ess (If rural, give location)	07		
		Length of s	tay in Baltimore		years Mos. Days  E, MARRIED.	909 Pa	tapsco Ave.	A Under 1 Year   II Under 24 Hours		
y and	Male White widowed (Specify)				wed, divorced (Specify)	Oct. 21,	1871 82 yrs M	onths Days Hours Min.		
learl		done during most	CCUPATION (Give kind of of working life, even if retired)		D OF BUSINESS OR INDUSTRY Building		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
death c	13.	FATHER'S	el J. Lew:			14. MOTHER'S MAIDEN NAME Harriet R. Timbs				
of de	15 (Yes	WAS DECEAS	ED EVED IN II C ADME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	A	ADDRESS		
the causes of	(100	NO 18. 1/1/	(If yes, give war or date	1 0, 00, 100)		Mrs. Thel	ma Brown 909 Pa	atapsco Ave.		
Physicians: please write the	RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  (B)  (C)  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
	L CE				ITION FOR WHICH OF	PERATION	IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER			
important.	EDICA	PART   OR PART     YES   NO								
	Σ	21d. TIME OF INJURY	(Month) (Day) (Year	(Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	DID INJURY OCCUR?			
especially		22. I hereby certify that I attended the deceased from 13, 1933 to the 25, 1933 that I last saw the deceased alive on 242, 19 3 and that death occurred at 230 m., from the causes and on the date stated above.								
is		23A SIGNA	TURE	lan	M. D.	201 Pataps	co Ave.	12/26/53		
ct age	TIS	4A. BURIAL. ON, REMOVAL ( Burial	CREMA- 248. DATE Specify) 12/28/	53	Oak Lawn Cer		Eastern Blvd.			
corre	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS									
	DEC 201913 Juntington Voluntilles & George J. Gonce 4001 Ritchie Hgwy									



BALTIMORE CITY HEALTH DEPARTMENT

53 11445

53 11440 CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Rosa Gayy	2. DATE OF DEATH /2-24-53
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence  A. STATE  B. COUNTY  before admission)
B. FULL NAME OF ("I not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	680 Josephine St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year Months) Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during moet of working life, even if retired)  Domestic Private Family	Amplie Co. 1/a. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Spencer Dennis	Retty Dennic
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	WM Batte 1318MECULLAL St.
18. 42211 CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	selevotic Coldiovascular Discase
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	W. Santa and an arrangement of the santa and a santa a
ANTECEDENT CAUSES  (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?
A Late Blace of INJURY (- :	YES NO NO
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	
≥ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described a	bove, held an Lugary Lugury thereon and from
	Autosy, Inspection or Inquiry
and death in my opinion resulted from: natural causes	nquiry, find that said deceased died on the day stated above, $A$ , accident $\Box$ , suicide $\Box$ , homicide $\Box$ , undetermined $\Box$ .
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
	D. MEDICAL INVESTIGATOR
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	
12/29/53 Mt. Aubur	Balto, Ma
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	July 1 July 100 / 100 / Only

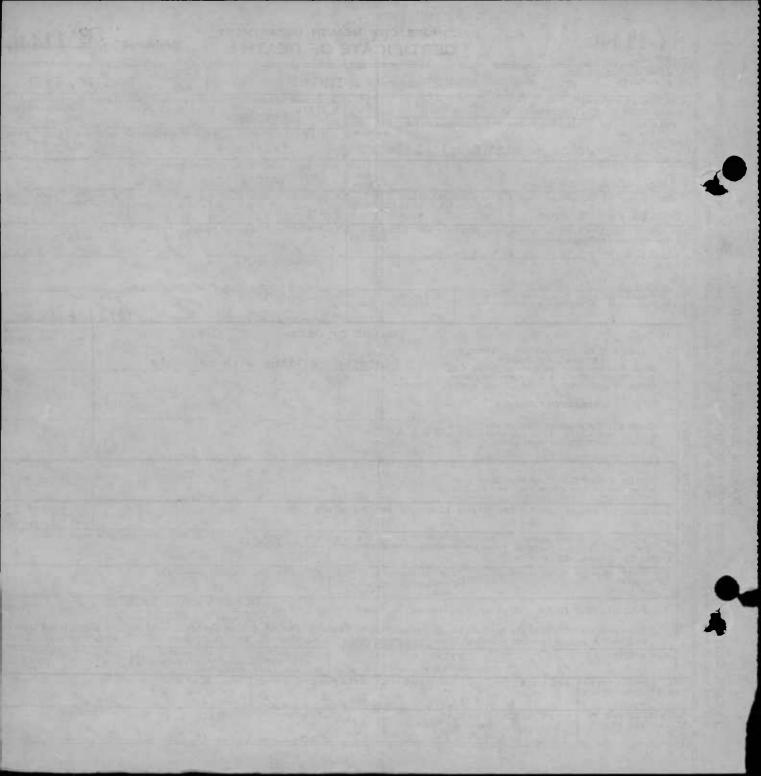


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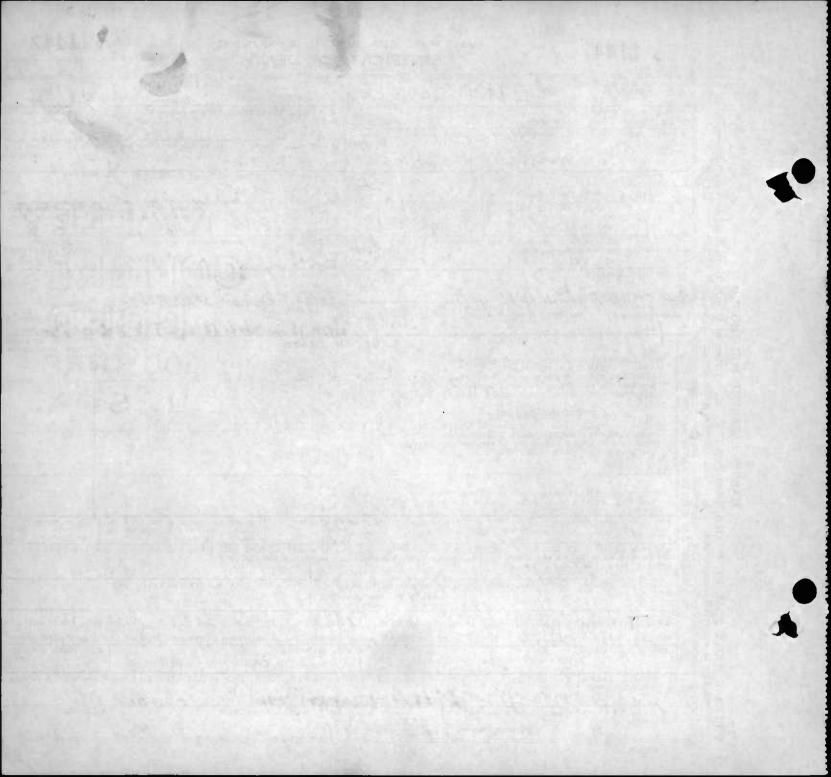
BALTIMORE CITY HEALTH DEPARTMENT Registered No.53 11446 CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) AUGUSTUS SMITH Dec. 24, 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Johns Hopkins Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1312 Ashland Avenue c. Length of stay in Baltimore Days 9. AGE (In years | H Under | Year | H Under 24 Hours | Last birthday | Months | Days | Hours | Min. 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Female Colored 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY work done during most of working (ye, even if retired) Housewi 13. EATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknowed [If yes, give war or dates of service] 16. SOCIAL 17. INFORMAL ADDRESS (Yes, no or unknowo) SECURITY NO. INTERVAL BETWEEN 260 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Diabetes mellitus with acidosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) .... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING T CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK inspection & inquiry thereon and from 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X, accident ], suicide ], homicide ], undetermined ]. 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... 23A. SIGNATURE 23c. DATE SIGNED 24, 1953 MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



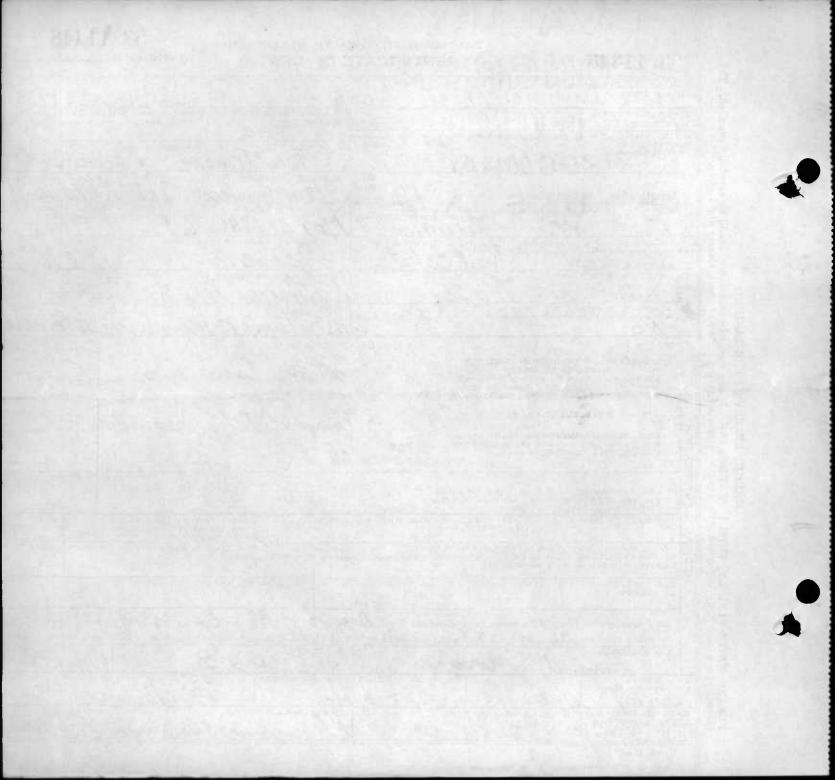
## BALTIMORE CITY HEALTH DEPARTMENT

53 11447

The		RTH NO. CERTIFICAT	CERTIFICATE OF DEATH Registered No.			
	1. (T	NAME OF DECEASED Ella Schult:	2.	2. DATE OF DEATH 12/24/53		
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	A. STATE	DENCE (Where deceased lived. If institution, residence B. COUNTY before admission) Baltimore City		
lly	H	UNIVERSITY OF Md Hosp.	c. CITY OR TOW			
carefully legibly.	C.	Length of stay in Baltimore Yrs.  Mos. Days	D. STREET ADD			
should be carefu	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIR			
	10 work	A. USUAL OCCUPATION (GiveLind of log. KIND OF BUSINESS OR INDUSTR		(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
atic	13	FATHER'S NAME	14. MOTHER'S N	TAIDEN NAME		
BINDING of inform uses of dea	(Ye	S. WAS DECEASED EVER IN U.S. ARMED FORCES?  January (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT	ADDRESS MAG		
Rem		No CAUSE	OF DEATH	INTERVAL BETWEEN DISET AND DEATH		
中中		DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ebral J	hrombosis		
2		injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES				
G INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	terioscle scular			
MARGIN UNFADING Physicians:	IFICA	(c)	Jeo tar	Visease.		
MAI UNFA Physic	CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	None			
H		19a. DATE OF OPERATION 19b. CONDITION FOR WHICH C		FOR PART II YES NO		
'Y, W	MEDICAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., in or 21C. WH eabldg.,etc.) INJURY	ERE DID (If in Baltimore City, give exact location) OCCUR?		
IE PLAINLY, WITE		21D TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE OF INJURY   WHILE AT   NOT WE AT WO	ILE	V DID INJURY OCCUR?		
E PI		22. I hereby certify that I attended the deceased from faceased alive on 12/18, 1953, and that death occur	1 :	53, to $12/24$ , $1953$ , that I last saw the n., from the causes and on the date stated above.		
RI		23A. SIGNATURE CAD Braay M.D.	238. ADDRESS	to 1 Md Hosp   230. DATE SIGNED   12/24/53		
PLEASE W	24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET OF REMOVAL (Specify)	ERY OR CREMATOR	13 11: 0 MI		
PLEAS correct	D.	ATE RECEIVED BY RECISTRAL'S SIGNATURE	25. FUNERAL D			
	=					



1953, that I last saw the 23c..DATE SIGNED

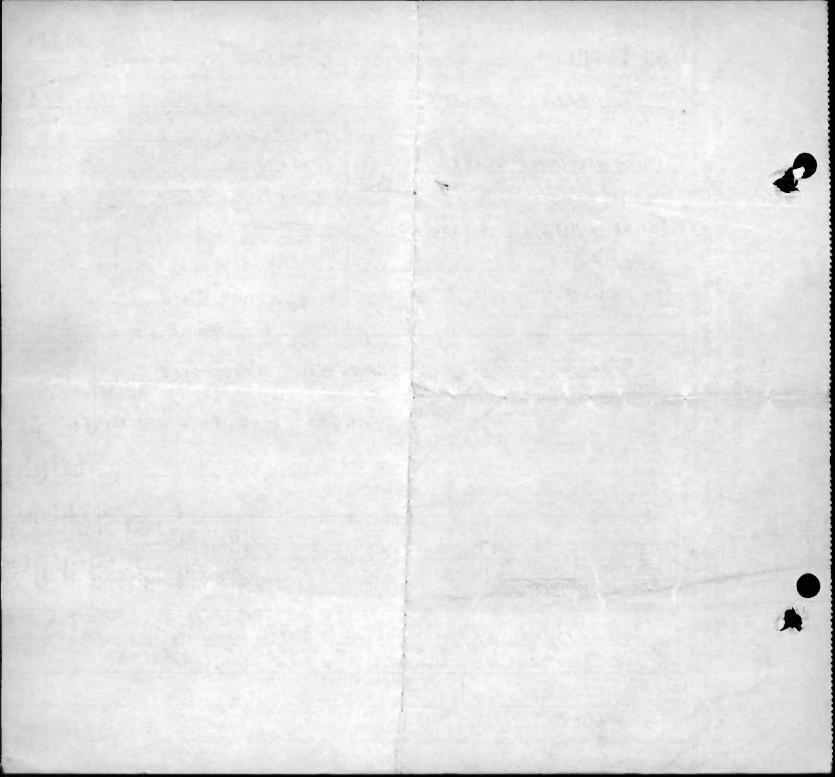


### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

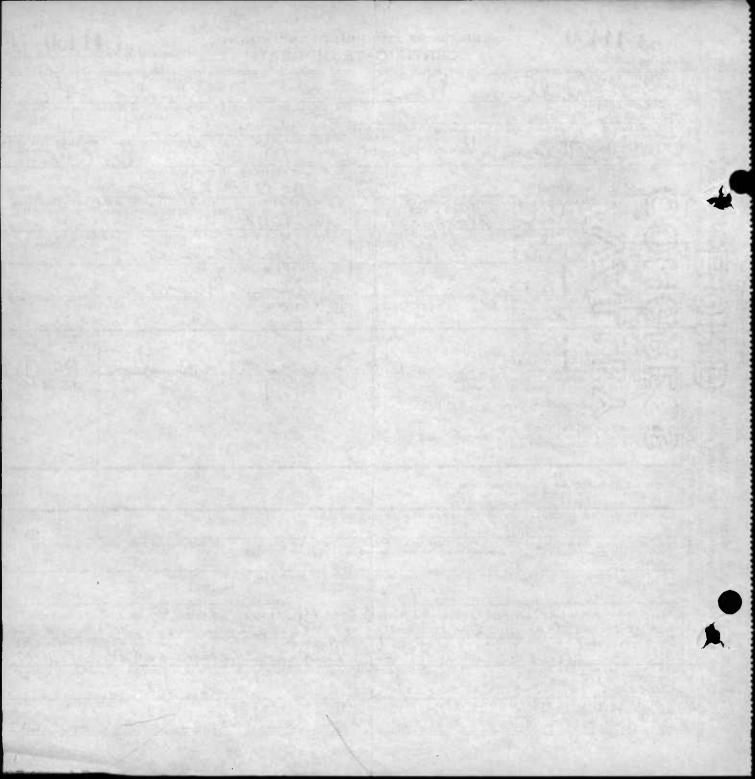
53 11449

Registered No .\_\_

1. (T	NAME OF DE ype or Print)		IDELAA	(1)		2. DATE OF	-25-53		
		ATH:	TRELAN			CE (Where deceased lived.	If institution : residence		
-			al or institution	give street address or			before admission)		
H	OSPITAL OR	(II not in nospit	a. or monthline,	location)	c. CITY OR TOWN		nits, write RURAL and give		
	SOUTH BALTIMORE GENERAL				BALTIMORE 22-0 pownship)				
水	3		1.6	Yrs.	D. STREET ADDRESS (If rural, give location)				
-			Val	Days			ST. # 30		
5.	SEX		WIDOWED	, DIVORCED (Specify)	8. DATE OF GURTING	9. AGE (In years last lirthday)	ff Under 1 Year   If Under 24 Hours Months Days Hours Min.		
10	TEMALE!	WHITE			11 PURTURE ACE (Sta	to or foreign country	L 10 CITIZEN CE		
worl	done during most of	working life, even if retired)	IOB. KIND OF	INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13							U. ) . 4 .		
	Joh.	6-121	312.00		A A A		Service Control		
15	. WAS DECEASED	EVER IN U. S. ARME	D FORCES?   1		17 INFORMANT	NOWN	ADDRESS		
(Ye	s, no or unknown)	(if yes, give war or date	s of service)	SECURITY NO.	me Steen	S desman.	France		
	18. 2 2 2	1		CAUSE	OF DEATH		INTERVAL BETWEEN		
	DISEASE	E OR CONDITION	DIRECTLY				ONSET AND DEATH		
	(This does not mean the mode of dying, e.g., (A) CEREBRAL THROMBOSIS								
	heart failure injury or	e, asthenia, etc. It mes complication which	ns the disease, caused death.)	DUE TO					
	A	ANTECEDENT CAUS	SES			1 1000000			
Z	DISEASES	OR CONDITIONS	E ANY CIVING	(B) <b>FE</b>	IERALI E EU	TRIERIOSCU	ER 05/3		
TIC	RISE TO TH	E ABOVE CAUSE (A)	STATING THE	DUE TO					
U									
		11							
ER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE								
Ü			The second secon	N FOR WHICH OF	PERATION L	OPERATION WAS BELATED	TO 20. AUTOPSY?		
AL	DAIL OF	OV	VAS PERFORM	ED	CAL	JSE OF DEATH, ENTER			
DIC	OR CONTRIBI	NT WAS UNDERLY	ING 218. PL	LACE OF INJURY	e.g., in or 21c. WHERE	DID (If in Baltimore Cit			
AEL				o, Di, inctor y, surger, direct	Diag., etc.)				
2		Month) (Day) (Year)				ID INJURY OCCUR?			
	OF INJURY				к				
	22. I hereby	certify that I at			124 , 1953	to 12/25, 19	53, that I last saw the		
			, 19 5 3 and			rom the causes and on	the date stated above.		
	23 SIGNATI	URE		2000	38. ADDRESS	haster	23c. DATE SIGNED		
2.	4A, BURIAL, CI	REMA- 24B, DATE	1240	NAME OF LEMETE	RY OR CREMATORY	24 LOCATION (City, toy	vn, or county) (State)		
TI	ON. REMOVAL (Sp	pecify) / 2 / 2	1-12			Fusin 2 a	1/4		
D.	ATE RECEIVED		S SIGNATURE			TOR	ADDRESS		
L	OCAL REGISTR	AR 7 with	ration IV,	MANUAL	12-8 Fale	y Hone.	318 Light		
-	VS 150				0-11-1				
	MEDICAL CERTIFICATION  1.1  ALTERIATION  1.1  THE STATE OF THE STATE O	3. PLACE OF DE A. Baltimore Ci B. FULL NAME CHOSPITAL OR INSTITUTION SOUTH  C. Length of st.  5. SEX  FENRUE  10A. USUAL, OCC work done during most of  HOUS  13. FATHER'S N.  15. WAS DECEASE (Yes, no or unknown)  15. WAS DECEASE (Yes, no or unknown)  16. 3 3 3 DISEASE  (This does heart failur injury or or of the UNDERLY)  OTHER SIGN UNDERLY  OTHER SIGN TO THE UNDERLY  21A. ACCIDE: OR CONTRIBE OF INJURY  22. I hereby deccased ali 23. SIGNAT  24A. BURIAL, C TION. REMOVAL (ST  DATE RECEIVED LOCAL REGISTE	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION)  SOUTH BALTIMORE  C. Length of stay in Baltimore  5. SEX  6. COLOR OR RACE  FENRE WHITE  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown) (If yes, give war or date heart failure, asthenia, etc. It mee injury or complication which of the complete of the print of the decease of the complete of the print of the DEATH BUT NOT DISEASE OR CONDITION LAURING TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT DISEASE OR CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION TO THE DEATH TO THE TO THE TO THE TO THE TOT TO THE DEATH TO THE TOT TO THE DEATH TO	1. NAME OF DECEASED (Type or Print) BERTHA IRELAN  S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, Hospital or instituti	I. NAME OF DECEASED (Type or Print)  BERTHI  3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or Hospital OR HOSPITAL OR HOSPITAL OR INSTITUTION  SOUTH BALTIMORE GENERAL  Yrs. Mos.  C. Length of stay in Baltimore  5. SEX  6. COLOR OR RACE WHITE  10A. USUAL OCCUPATION (Give kind of work done during most of working life, evanifretired)  HOUSE WHITE  13. FATHER'S NAME  15. WAS DECEASED EVER IN U. S. ARNED FORCES! (Yes, no or unknown)  (If yes, give war or dates of service)  LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, shenia, etc. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE  UNDERLYING CONDITION LAST.  CER.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUN NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OF INJURY (Company)  21A. ACCIDENT WAS UNDERLYING 21B, EACH OF INJURY (Company)  21A. ACCIDENT WAS UNDERLYING 21B, EACH OF INJURY (Company)  21A. ACCIDENT WAS UNDERLYING 21B, EACH OF INJURY (Company)  21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY) (Company)  21D TIME (Month) (Day) (Year) (Hour) 21E. PLACE OF INJURY (Company)  21D TIME (Month) (Day) (Year) (Hour) 21E. PLACE OF INJURY (Company)  21D TIME (Month) (Day) (Year) (Hour) 21E. PLACE OF INJURY (Company)  22A EIGNATUSE  24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF PEMETE 109. REMOVAL (Specify)  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	I. NAME OF DECEASED  (Type or Print)    A. Baltimore City, Maryland   A. USUAL RESIDEN   A. STATE	1. NAME OF DECEASED (Though the party of the party)   1. NET CONTRIBUTION   1. NET CON		



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	1	53 11450 BA	LTIMORE CITY H	EALTH DEPARTMENT	53	11450	
	В	RTH NO.	CERTIFICAT	E OF DEATH	Registered No.		
	1.	NAME OF DECEASED ype or Print)	Ro		2. DATE OF DEATH DEA	c. 24 53	
		PLACE OF DEATH: Baltimore City, Maryland	· wat	4. USUAL RESIDENCE		institution : residence before admission	
	В.	FULL NAME OF (If not in hospital or institu	ution, give street address or	Mary	und		
۲.		STITUTION Lu tueran	Contral	c. CITY OR TOWN	f outside corporate limi	ts, write RURAL and give to the hir	
E INI	1		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	0 01	
ar	C.	Length of stay in Baltimore	Days	11 1907 YY	Lunva	le sv	
an	7	nale 6. COLOR OF RACE 7. SING	LE, MARRIED, WED, DIVORCED (Specify) ARNA & C.	Sent 3-1885		onths Days Hours Min	
air	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	D OF BUSINESS OR		oreign country)	12. CITIZEN OF	
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nearm	13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME AAM de	L	
70	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? p. no or yokoowo) (If yos, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	O A	DDRESS	
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can		18. 420.1		OF DEATH	0	ONSET AND DEAT	
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21		(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diseinjury or complication which caused dea	ase,	oney a	rance	as out	
MTM			th.) DUE TO			2	
200	Z	ANTECEDENT CAUSES	(B)				
hic	LION	DISEASES OR CONDITIONS, IF ANY, GIV					
	CA	UNDERLYING CONDITION LAST.	(C)		••••••		
Clar	TIFIC						
17.51	ER	OTHER SIGNIFICANT CONDITIONS CO					
4	Ü	TO THE DISEASE OR CONDITION CAUSING	ΙΤ	M. TON			
٠.	AL	194. DATE OF OPERATION O 198. MAJO	R FINDINGS OF OPER	RATION		YES NO	
001 001	EDICAL		ACE OF INJURY (e. g., e, farm, factory, street, office bldg.,		If in Baltimore City,		
	Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?		
2113	9	OF INJURY m.	WHILE AT NOT WHILE				
CCI		22. I hereby certify that I attended th	e deceased from	ec. 24, 19 5310	Sec. 24, 19.	hat I last saw th	
		deceased alive on 1200 19 5	Zand that death foebu	rred at 42 20 metrom t		he date stated abov	
2 2		23A. SIGNATURE	ST you	238 ADDINGS Lulierem	Hozzata	123c. DATE SIGNED	
כנ מצ	710	DI BURIAL CREMA- 24B. DATE  DI REMOVAL (Specify)  2/2/23	24C. NAME OF CEMETE	RY OR CREMATORY 24D, L	OCATION City, town	, or county) Y(Staty	
corre		ATE RECEIVED BY REGISTRAR'S SIGNAT	TURE !	25. FUNERAL DIRECTOR	acco	ADDRESS	
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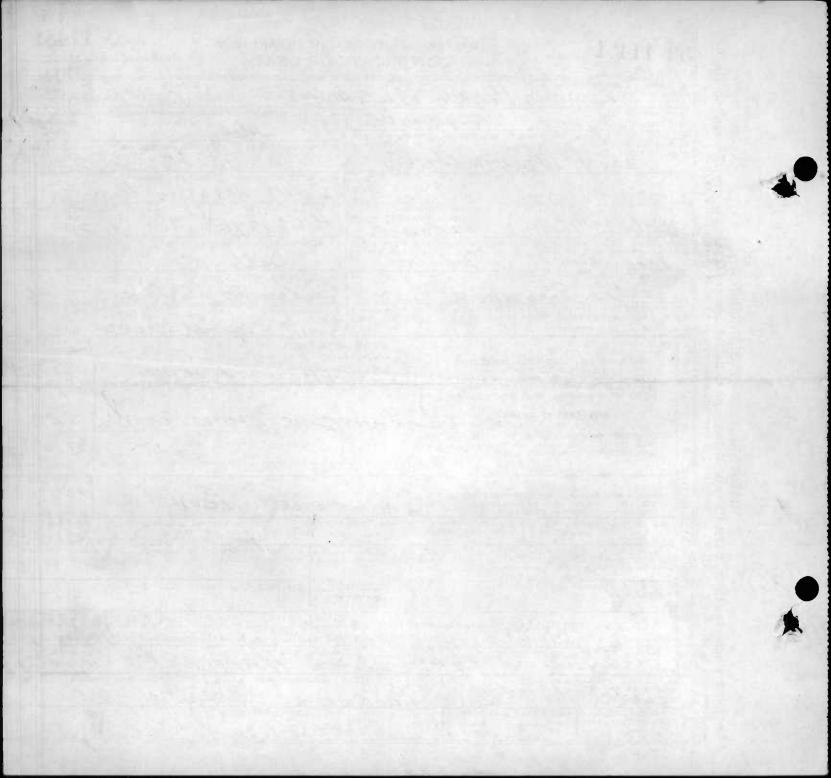


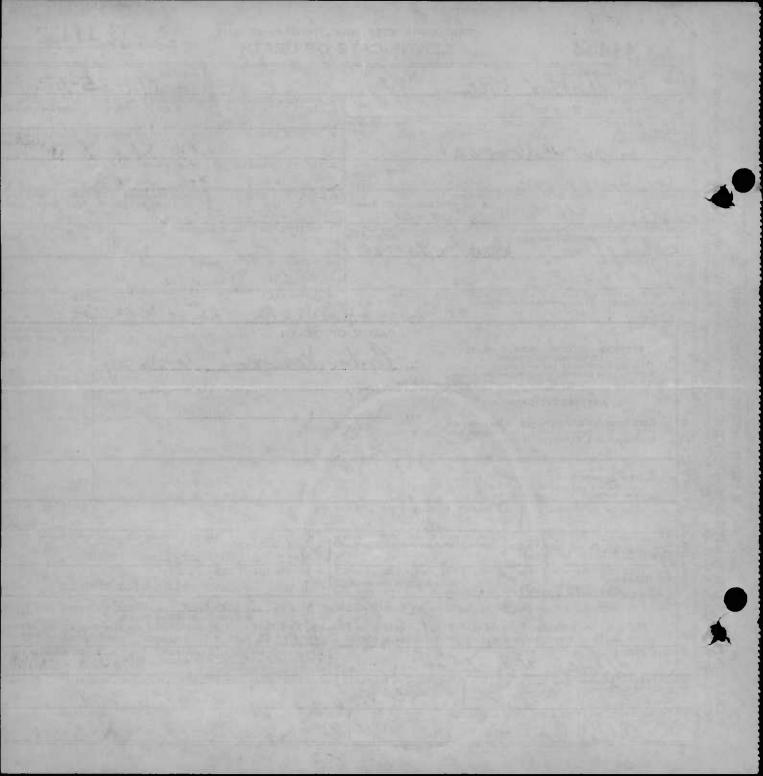
53 41451 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

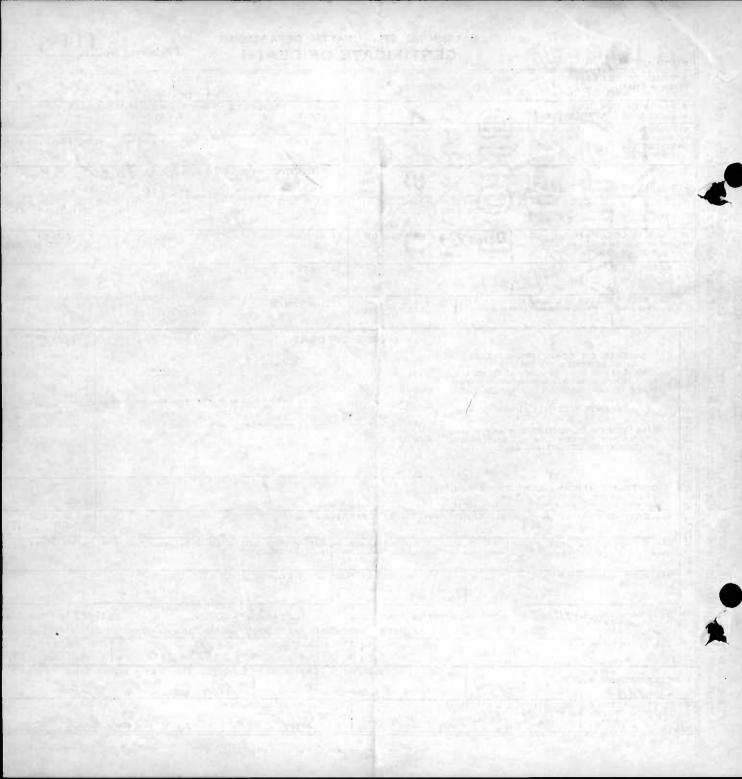
BALTIMORE CITY HEALTH DEPARTMENT

53 11451

	E OF DEATH Registered No.
BIRTH NO.	La DATE
	MUND   2. DATE OF 12/26/53
A. Baltimore City, Maryland BALTIMORE	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B, FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
M 3017 WEAVER UNE	1001/0 4/06
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	3017 WEAVEN CLYA
Male Chite Widowed Grown	8. DATE OF BIRTH 9. AGE (In years it Under 1 Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work do beduring most of working life, even if retired)  [No gale of the life	Balto, Mel. WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chas. Siranund	Fredericka Orthuan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no.or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT 30 APORESS
No -	Chas, G. Siemund Weaven ave
18. 420.0 1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g.,	MONARY KDEMA 12/25/23
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES PRI	ERIOSCLEROTIC HEARTYS. YES.
(8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	4 0 1 /
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	BENE POOT RIGHT 10/53
U DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OF	CAUSE OF DEATH, ENTER IN
4	PART I OR PART II YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF ebout home, ferm, factory, street, office	(e. g., in or Diddg., etc.) INJURY OCCUR?
DEATH (NOTIFY MEDICAL EXAMINER)	
21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	
m. WHILE AT NOT WHI	
1 22. I hereou certiiu that I aktended the deceased from	946, 19, to 17/26/33, 19, that I last saw the
deceased alive on 12/25/53, 19, and that death occur	rred at 322 m., from the causes and on the date stated above.
23A. SIGNATURE	23B, ADDRESS / 23c. DATE SIGNED
Walles 2- Harf gis M.D.	4331 HARFORD KU 11/16/13
24A. BURIAL, CHENA 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 12/29/53 Park	wood lankville Md.
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	134 Cook Inc. 1217 St. Poul J
VS 150	





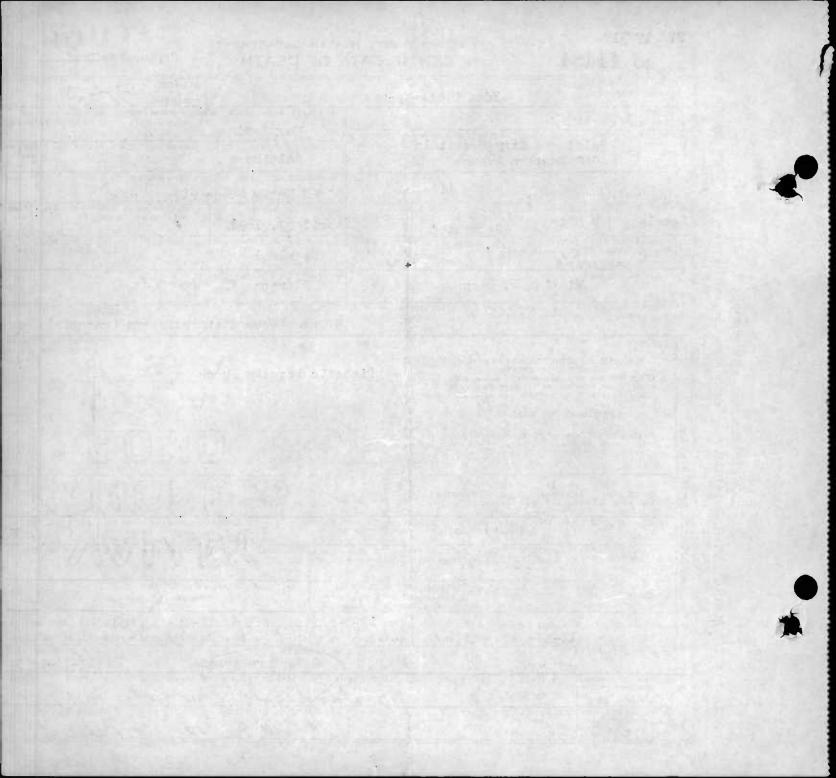


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	WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The ze is especially important. Physicians: please write the causes of death clearly and legibly.
	WRITE

FVJ 177317 BALTIMORE CITY HEALTH DEPARTMENT

53 11454

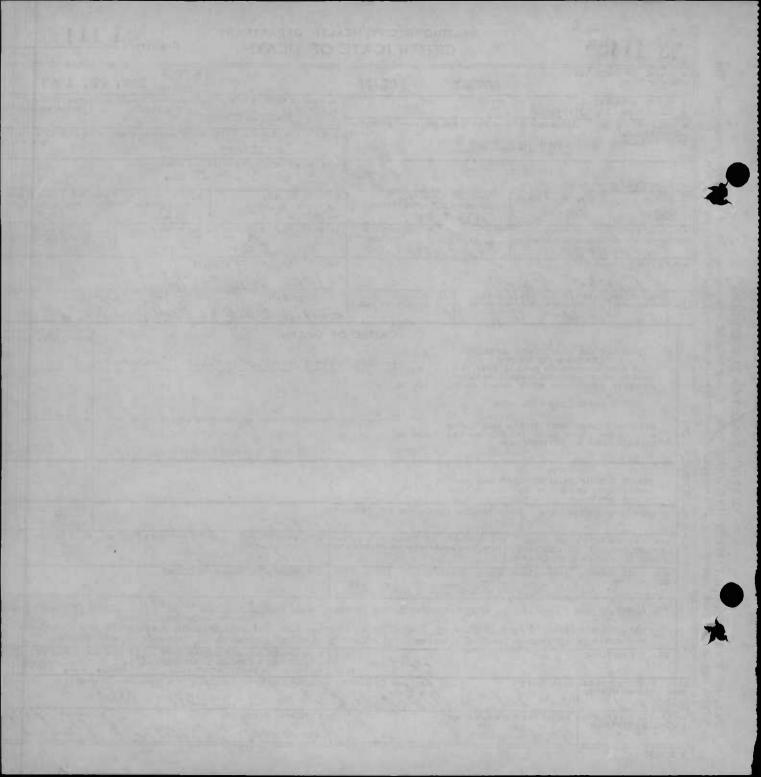
BIRT	53 1	1454		CERTIFICAT	E OF DEA	TH Regist	tered No
	AME OF D	ECEASED	Edna I	Disterdick		2. DATE OF DEATH	12-25-1953
A. Ba		City, Maryland			A. STATE	IDENCE (Where deceased	iived. If institution; residence NTY before admission)
HOSE	PITAL OR TITUTION	Baltimore Ci 4940 Eastern	ty Hosp		•	WN (If outside corpor	ate limits, write RURAL and give township)
		tay in Baltimore		Life Yrs. Mos. Days	1802 Euta	DRESS (If rural, vive local Name of the local Research Place #17	
Fem:	ale	W hite	Separa	E, MARRIED, /ED, DIVORCED (Specify ted	April 22,	1892 last birth	day) Months Days Hours Min.
10A. work dos	ne during most	CUPATION (Give kind of of working life even if retired)	108. KIND	OF BUSINESS OR INDUSTR		E (State or foreign country) 1d.	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S	William H	. Derr		14. MOTHER'S Flore:	MAIDEN NAME nce C. Merke	le
15. W (Yes, no	VAS DECEASI	ED EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	B.C.H. 49	T 940 Eastern Aver	ADDRESS nue (records)
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mea complication which c  ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) (ING CONDITION LA  SINIFICANT CONDITIONS	FH f dying, e. g ns the diseas aused death EES F ANY, GIVIN STATING TH STATING TH CONTRIBL	(B)	betic Insul	in Shock	
AL O	DISEASE C		IT.	TION FOR WHICH C	PERATION	IF OPERATION WAS REL CAUSE OF DEATH, E PART I OR PART II	
D O D	R CONTRIB	ENT WAS UNDERLY! BUTING CAUSE OF	about	. PLACE OF INJURY bome, farm, factory, street, office			ore City, give exact location)
	10 TIME F INJURY	Month) (Day) (Year)	(Hour) :	2 1E. INJURY OCCURE WHILE AT NOT WH WORK AT WO	ILE	W DID INJURY OCCUR	17
d		live on 12-25-		deceased from 12- and that death occu	3, 19	m., from the causes ar	nd on the date stated above.    23c. DATE SIGNED   12-25-1953
TION;	BURIAL, RENOVAL (S	specify 12/29	153	24c. NAME OF CEMET	ERY OR CREMATO	RY 240. LOCATION (CI	
	AL REGIST	RAR Hunt	vator.	Walliams	WE Got	( Suc 1217 .	St. Paul J.



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DORSEY CLARK Dec. 22, 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION Mercy Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 615 St. Paul St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SHIGHE, MARRIED 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) last birthday) White Male 10A. USUAL OCCUPATION (Givekind of OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF wark done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY CO. 'ar penter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ORSEY 15. WAS DECEASED EVER N U, S. ARMED FORCES?
(Yes, np pr unknown) (If yes, give war,or dates of service) 16. SOCIAL ADDRESS 17. INFORMANT (Yes, nn nr unknnwn) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Hypertensive cardiovascular disease LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. INJURY OCCUR? about hnme, farm, factory, street, nffice hldg., etc.) LITING TO CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccused died on the day stated above, and death in my opinion resulted from: natural causes \( \opinion \), accident \( \opinion \), suicide \( \opinion \), homicide \( \opinion \), undetermined \( \opinion \). 23B. CHIEF MEDICAL EXAMINER. 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA TION, REMOVAL (Specify) 24C. NAME OF CEMETERY ADDRESS DATE RECEIVED BY LOCAL REGISTRAR V S 151



PLEASE

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 245 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION umore D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify 6. COLOR OR RACE birthday) | Months Days Hours Min. massica 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO Haleyon 0 18. CAUSE OF DEATH MARGIN RESERVED FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN PART I OR PART II 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 2006, 19 3, and that death occurred at 10 A 23B. ADDRESS 23A. SIGNATURE

21F. HOW DID INJURY OCCUR? Dec V6, 1913, that I last saw the m., from the causes and on the date stated above 23C. DATE SIGNED CEMETERY OF CREMATORY

before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY7

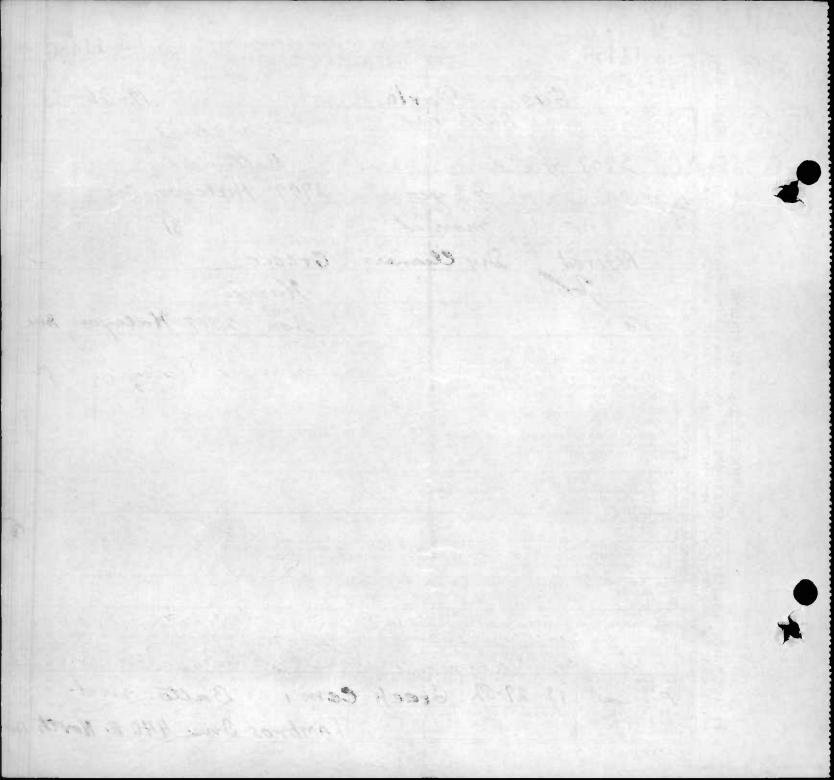
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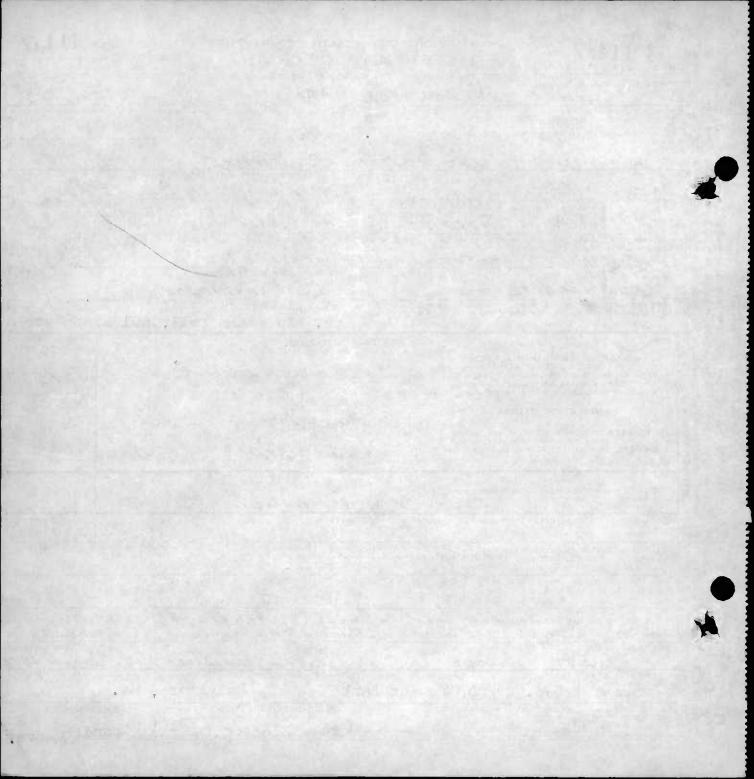
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24A. BURIAL, CREMA-

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LII, WILL	important.	
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В	53 11458 BALTIMORE CITY HE CERTIFICATI		11458
	NAME OF DECEASED (Type or Print)  MELVIN W. TEMPLE	2. DATE OF DEC. 23	3, 1953
B	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland Baltimore	ne before admission
	South Baltimore General Hosp. Yrs.	Pasadena  D. STREET ADDRESS (If rural, give location)	township
5	Length of stay in Baltimore  SEX  6. COLOR DR RACE  WIDOWED, DIVORCED (Specify)	Box 509 - Riverside Rd.  8. DATE OF BIRTH  9. AGE (In years   filled   last birthday)   Month	er 1 Year   If linder 24 Hours
1 wo	Male White Single  OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Unemployed  INDUSTRY	11. BIRTHPLACE (State or foreign country)   12	CITIZEN OF WHAT COUNTRY
1	Ernest L. Temple, Sr.	14. MOTHER'S MAIDEN NAME Ruth C. Sinclair	
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT Ernest L. Temple, Pasadens	
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	of DEATH  I fat embolism  ound comminuted fracture, left f	
CERTIF	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	PATION .	20. AUTOPSY?
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		YES X ND
MEDICA	21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB.  UTING CAUSE OF DEATH.  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY  Dec. 18, 1953  21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., of the property of t	Mountain Rd2 miles from L  ED 21F. HOW DID INJURY OCCUR?	ipton's 5206 Corner
	22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes 23A. SIGNATURE	above, held an autopsy to Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the constant of the constant	thereon and from day stated above etermined
2 1	4A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE ON RIMOVAL (Specify) Dec. 28/53 Loudon Park	RY DR CREMATORY 24D. LOCATION (City, town, or	county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR AL	ndson Ava
v	S 151 N 821.0		1

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	BALTIMORE CITY H	HEALTH DEPARTMENT Registered No.	11150
1	CERTIFICATION	TE OF DEATH Registered No.	77403
	NAME OF DECEASED	2. DATE	
(T	ype or Print) Albert A. Torney	, Sr. OF Dec.	25/53
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission
H	FULL NAME OF (If not in hospital or institution, give street address location STITUTION	c. CITY OR TOWN (If outside corporate limits, v	write RURAL and give
	810 PRIMSON AUE	Baltimore	
c.	Length of stay in Baltimore LIFE Mos Day	810 Primson Ave. 25	-41
	SEX , 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special MARRIED)	June 3/93 60	fer I Year H Under 24 Hours hs Days Hours Min
Won!	A. USUAL OCCUPATION (Givekind of BUSINESS OR A LINDUSTE B. & O. R. INDUSTE	Balto. Md.	2. CITIZEN OF WHAT COUNTRY
11	Albert A. Torney	14. MOTHER'S MAIDEN NAME Caroline Hinkle	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  n, no or unknown) (If yos, glvo war or dates of service) SECURITY NO.	17. INFORMANT ADD	RESS
(-	SECORITY NO.	Mrs. Amelia Torney, 810 Prim	son Ave
	18. 260% CAUSE	OF DEATH	INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY	6001	ONSE! AND DEA!
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ronary Occhesing	1 day
	ANTECEDENT CAUSES	ibetes mellitus	1048
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	vers mellions	7070
RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
S	(C)		***************************************
E			
CERI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION   19B, MAJOR FINDINGS OF OPE	ERATION	20. AUTOPSY?
N S			YES NO
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld	, in or 21c. WHERE DID (If in Baltimore City, give g., etc.) INJURY OCCUR?	e exact location)
-	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR	RED 21F, HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHIL	LE C	
	22. I hereby certify that I attended the deceased from	1946 ,19 , to 12/25 ,1953	
	deceased alive on / 25, 1952, and that death oce	23B ADDRESS	date stated above 23c. DATE SIGNED
	( ) ( ) ( ) ( )	115 10 4 44 10-	1.//2//-

24A. BURIAL, CREMA-TION BEMOUAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

29/53 Baltimore National

24D. LOCATION (City, town, or county)

imore National Ba

Baltimore, Md.

201993 Interdengton Mall

REGISTRAR'S SIGNATURE

Dec.

Harry Heutstee 4101 Edmondson Ar

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	2 5		ВА	LTIMORE CITY H				53 :		60
_	53 11 RTH NO.			CERTIFICAT	E OF DEATH	4	Registere	d No.		
(T	NAME OF D 'ype or Print)		y Anna	a Schultz			OF DEATH DEC	. 24	1/53	
Α.		City, Maryland	-1 ! 424		4. USUAL RESIDE	NCE (W	here deceased lived B. COUNTY	. If instit		esidence e admission)
H	FULL NAME OSPITAL OR ISTITUTION	2002 McHen		tion, give street address or location)	c. CITY OR TOWN Baltimore	(If	outside corporate li	mits, wri	ite RUR	AL and give township)
		tay in Baltimore	Lif	Yrs. Mos. Days	D. STREET ADDRE	ry S		0-	03	
	sex emale	6.COLOR OR RACE	7. SINGL	E. MARRIED. VED. DIVORCED (Specify)	Aug. 13,19	- Carlott 7111	9. AGE (In years last birthday)	if Under Months	Days H	funder 24 Hours fours Min.
worl	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	_	O OF BUSINESS OR INDUSTRY	Balto. Md.		reign country)	12.	WHAT	N OF COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAI Unknown	IDEN NA	AME			
15 (Ye	s, no or unknown)	D EVER IN U.S. ARME (If yes, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	la Mi	ller,200	2 MC	Henz	y St
ICATION	(This does heart failu injury or DISEASES RISE TO T	3 %   SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) TING CONDITION LA	TH of dying, e ons the disease caused death SES F ANY, GIVII STATING T	E., (A) Ceres see, Due to (B) Hyp			accian. V. den	L		L BETWEEN AND DEATH AND DEATH
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELAT	ED						7
EDICAL	21A. ACCID	ENT WAS UNDER-	218. PL	ACE OF INJURY (e.g., i	n or   21c. WHERE D	ID (I	f in Baltimore Cit	y, give e	YES _	NO Cation)
MEL	CAUSE OF	CONTRIBUTING DEATH  Month) (Day) (Year		farm, factory, street, office bldg.,	ED 21F. HOW DID		OCCUR?			
	22. I hereb	y certify that I at live on 1444	-	and that death occur	946,19	from the	tec 74, 19 the causes and or the Hole	n the do	ate star	st saw the ted above.
B	AA. BURIAL. (SON REMOVAL (S	pecify) Dec . 28	/53	Western	RY OR CREMATORY		CATION (City, to	wn, or co	unty)	(State)

DATE RECEIVED BY RIDER

REGISTRAR'S SIGNATURE

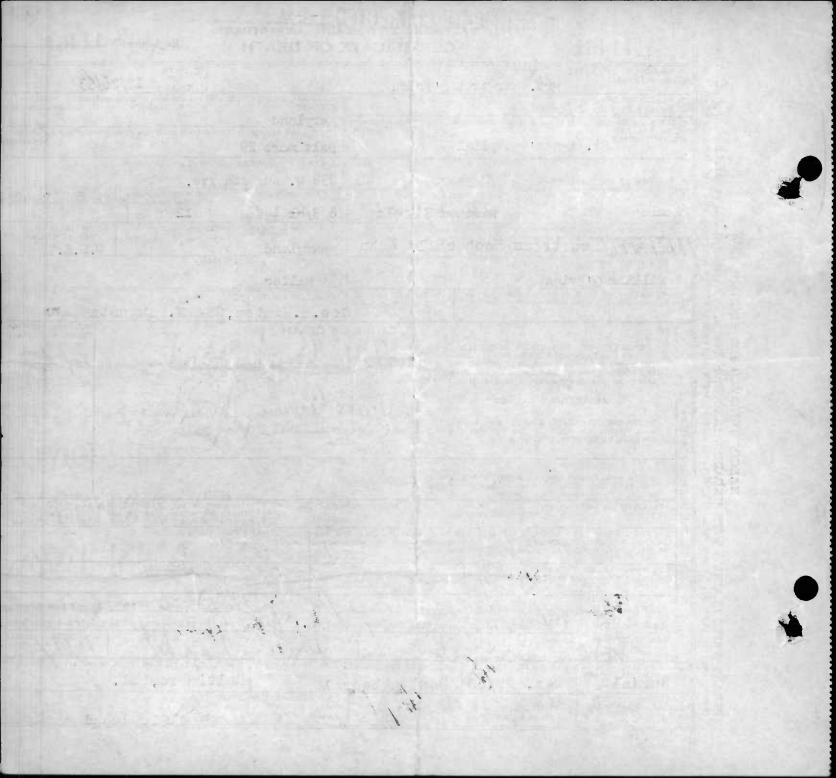
25 FUNERAL DIRECTOR

ADDRESS

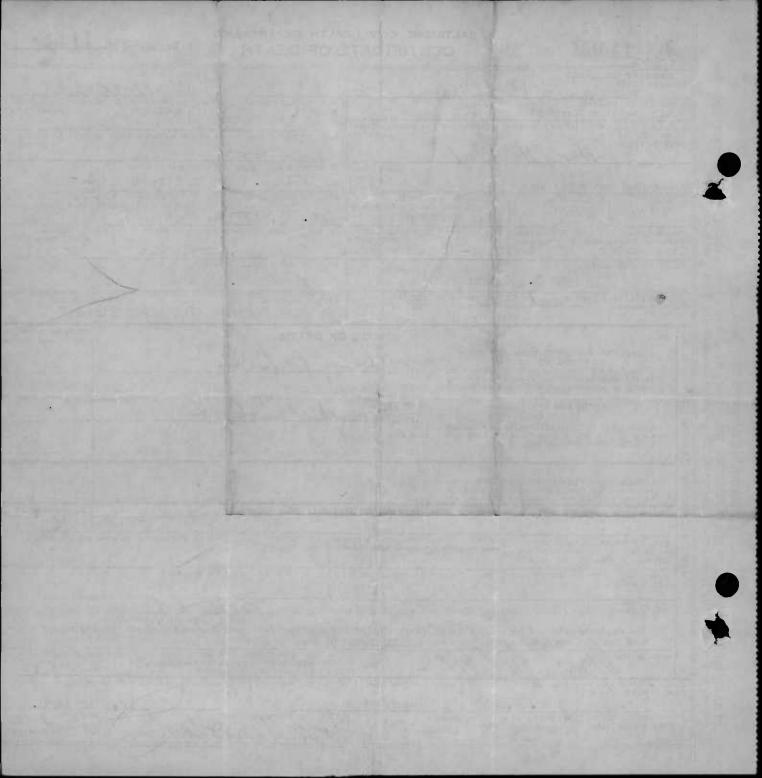
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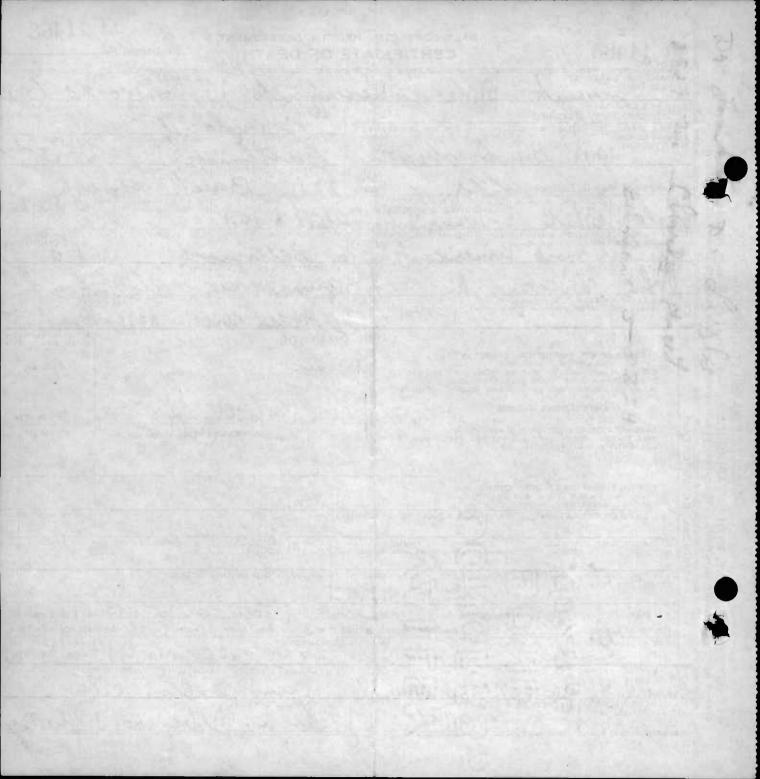
BIR	153 11 TH NO.	462			EALTH DEPARTMENT E OF DEATH	Registered N	. 11462
1. N (Tyr	AME OF Doe or Print)	James F	: Wil	son		2. DATE OF DEATH /2-2	
	Baltimore (	City, Maryland			4. USUAL RESIDENCE (	B. COUNTY	before admission)
	ULL NAME	OF (If not in hosp	ital or instituti	on, give street address or location)		If outside corporate limits	write RURAL and give
	TITUTION	11 11	. 1	/	Baltimore	a outside corporate minus	township)
4	/	Mercy Ho	spiral	LifeYrs.	o. STREET ADDRESS (If	f rural, give location)	
CI	ength of s	tav in Baltimore		Mos. Days	1714 N. Calv	ert Street	12-05
5. S		6.COLOR OR RACE	MIDOM	MARRIED, Specify, arried	8. DATE OF BIRTH Dec. 15, 1903	9. AGE (In years the last birthday) Mor	ths Days Hours Min.
		CUPATION (Give kind of working life, even if retired		OF BUSINESS OR	11. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF WHAT COUNTRY
	sh Washe			elvedere Hote		Maryland	WHAT COUNTRY
13.	FATHER'S	NAME			14. MOTHER'S MAIDEN N		
		John P. I	Vilson		Miranda L. M	Manning	90
	WAS DECEAS no or unknown)	ED EVER IN U. S. ARM! (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Rita Torpiel		treet
RTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DE s not mean the mode ure, asthenia, etc. It m complication which ANTECEDENT CAL S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION)	ATH of dying, e. g cans the diseas caused death JSES  IF ANY, GIVIN ) STATING TH AST.	(C)	usy Ocelusion addial Inforce	£	
표 _		G TO THE OEATH, BU DISEASE OR CONDITION					
0	19A. DATE C	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
<del> </del>    -		1	1 21a DI A	CE OF INJURY (e. g.,	in or 21c. WHERE DID (	(If in Baltimore City, g	ve exact location)
EDIC	JNDERLYIN JTING []	NAL CAUSE WAS  IG OR CONTRIB  CAUSE OF DEATH	about home, f	nrm, factory, street, office bldg.,	etc.) INJURY OCCUR?		,
	OF INJURY	(Month) (Day) (Yea	m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK			
	22. I certi	fy that I took che	arge of the	remains described	above, held an Jayk	ial Autopsy	thereon and from
	the ev	idence obtained by	y said Auto n resulted f	psy, Inspection or rom: natural cause	Inquiry, find that said of X, accident [], suicide	deceased died on the $C \square$ , homicide $\square$ , ur	day stated above adetermined [
	23A. SIGNA	Villiam V	Lours	× N	23B. CHIEF MEDICAL ASSISTANT MEDICAL I.D. MEDICAL INVESTIGA	EXAMINER	. DATE SIGNED
24A TION	BURIAL.			24 NAME OF CEMETE	RY OR CREMATORY 240. 1 edral Cemetery		Maryland
	TE RECEIVE	D BY   REGISTRA	S SIGNATU		25. FUNERAL DIRECTOR	45on 805/1	ADDRESS SHE
V S	151			790	83		V



9. AGE (In years If Under 24 Hours last birthday) Months Days Hours Min. M. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? NO (If in Baltimore City, give exact location) that I last saw the 2m., from the causes and on the date stated above. 23c. DATE SIGNED 240. LOCATION (City, town, or county) ADDRESS

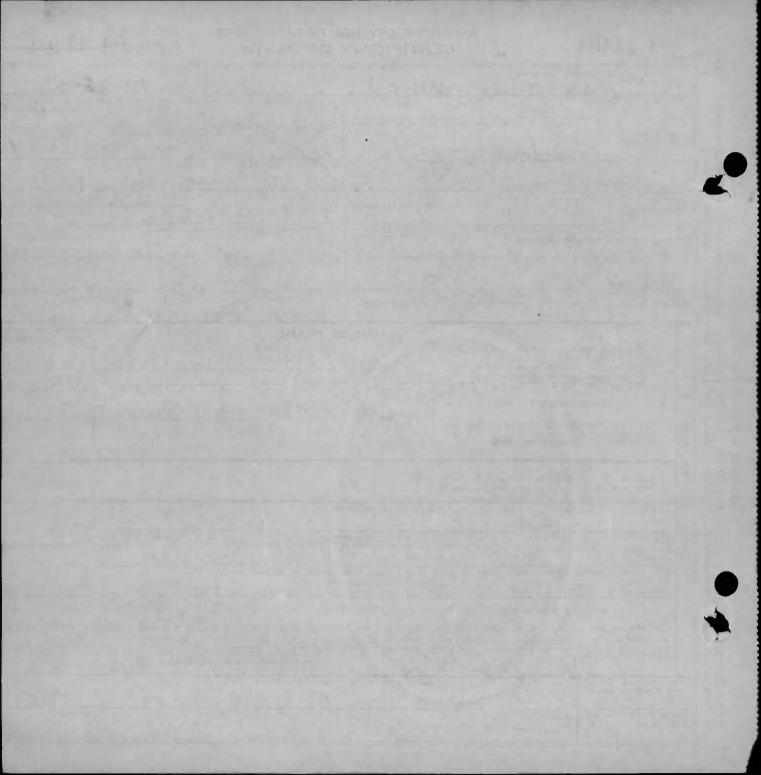
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before admission)

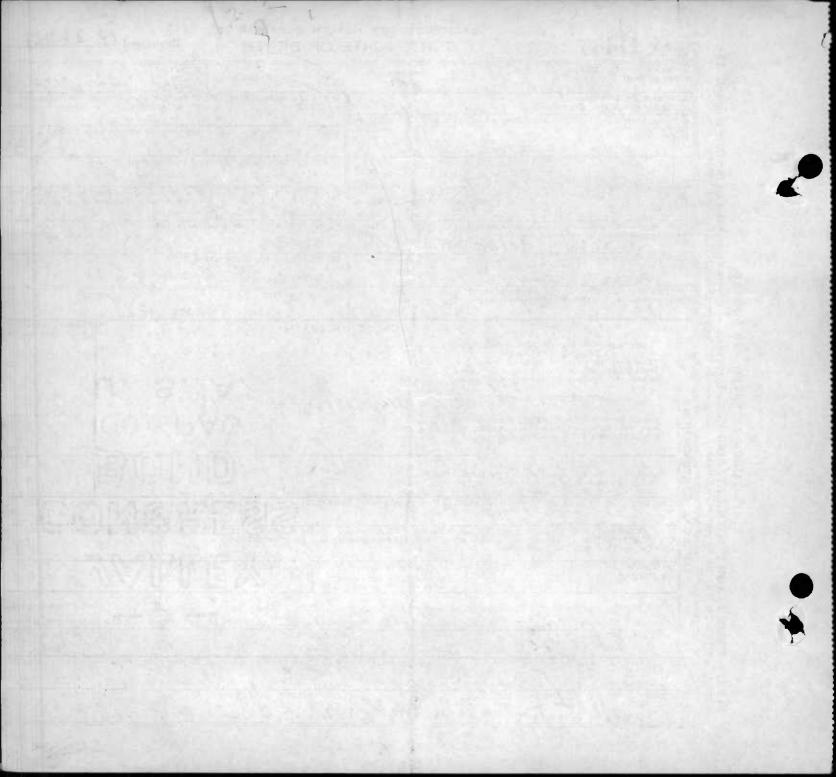


BINDING

RESERVED



The	ВІ	53 11465		EALTH DEPARTMENT E OF DEATH	Registered No_	11465
		NAME OF DECEASED JO LAN	OREM		2. DATE OF DEC 26	6,1953
e carefully supplied. legibly.	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in:	Ai HOSP stitution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If instit  B. COUNTY  BAITIMOR	ution : residence before admission
fully s		OSPITAL OR STRAIGHT HOSPI	TALOS BALT.	C. CITY OR TOWN (If.	outside eorporate limits, wri	te RURAL and giv
care		Length of stay in Baltimore	72 Yrs. Mos. Days	3325 6	-LM Ave,	
ld be	5.		NGL MARRIED DOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years lit Under last birthday) Months	Days Hours Min.
0	work	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  FETILED BOILE	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY
IDING information of death cl		John Orzm		Margaret	Canapp	
BINDIN of infor uses of d	15 (Yo	(If yes, give war or dates of servi	16. SOCIAL SECURITY NO 2/8-14-299	17. INFORMANT	rem 3325	ESS
FOR y item		DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused	TLY  g, e. g., disease, death.)  DUE TO	OF DEATH BRO-VASCULAR	Aceisent	S / Lus.
GIN RESERVED DING INK. Ever ans: please write	FICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	GIVING	etensive GARD	10 VASC · //ise	156
MARGIN JUNFADING Physicians: 1	CERTI	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.				
ht .	SAL		ERFORMED	CAUSE OF	F DEATH, ENTER IN	YES NO O
	MEDIC	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	about home, farm, factory, street, office	bldg.,etc.) INJURY OCCUR?		
AIIY			m. WHILE AT NOT WHI	LE		
0		22. I hereby certify that I attended deceased alive on 19 74, 19	the deceased from Post 53, and that death occur	rred at 5 20 pm., from th	he causes and on the de	are stated above
PLEASE WRITE correct age is est	2	23A. SIGNATURE Holdon 4A. BURIAL. CREMA- 24B. DATE	L- MA M. D.	Musi 40 SP~	OGATION (City, town, or ed	c. DATE SIGNED 2-26-53 (State)
EASE rect a	7	ON REMOVAL (Specify) 12/29-53	3 Corraine	Ik Com. to	3 altimore	PANS DRESS
PL	J.	ATE RECEIVED BY REGISTRAR'S SIGN	Welliams, no	Stand It Seety	814 436	-St
		VS 150	2033	D		



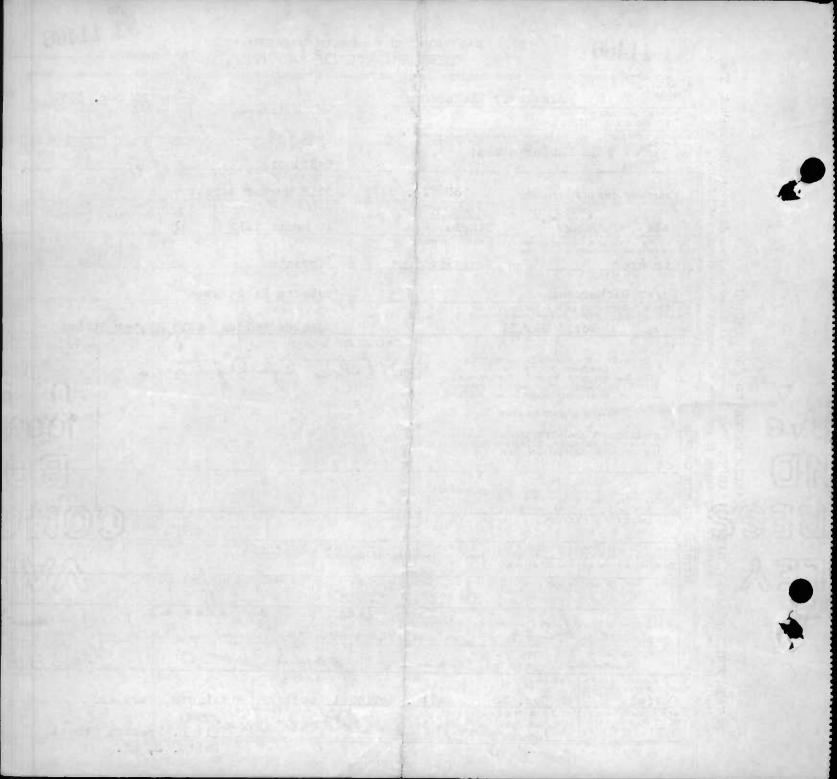
## BALTIMORE CITY HEALTH DEPARTMENT

53 11466

	-80	 -2
Registered	No	

	RTH NO.			CERTIFICATI	OF DEA	THE MESSAGE		
-	NAME OF DE	CEASED				2. DATE		
(Type or Print) Alexander Richardson						OF	2 Dec. 1953	
3.	PLACE OF DE	ATH:	-04 3.20		4. USUAL RESIDENCE (Where deceased lived, If institution; residence			
		ity, Maryland			A. STATE B. COUNTY before admission)			
	FULL NAME O	F (If not in hospit	al or institut	ion, give street address or location)				
IN	STITUTION	2318 Hunter	Street	iocacion)	c. CITY OR TOWN (If outside corporate limits, write RIRAL and give township)			
1					Baltimore			
				Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
c.	Length of sta	ay in Baltimore		30 yrs. Days	2318 Hunter Street			
5.	SEX	6.COR ZR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year If Under 24 Hours I last birthday) Months: Days   Hours Min.			
	Male WIDOWED, DIVORCED (Specify)				10 Merch 1912 41			
		UPATION (Give kind of		OF BUSINESS OR		(State or foreign country)	12. CITIZEN OF	
worl	work done during most of working life, even if retired) INDUSTRY						WHAT COUNTRY?	
-	Laborer Construction			truction	Virginia USA 14. MOTHER'S MAIDEN NAME			
13	. FATHER'S NA	AME			14. MOTHER'S MAIDEN NAME			
	Edgar Ric	chardson			Rebecca Richardson			
15	. WAS DECEASED	EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(16		World War		SECURITY NO.	Rehear	Bolden 2318 Hun	tor Street	
	Yes		7.1	CALICE	OF DEATH	Dorden 2018 Hull	INTERVAL BETWEEN	
	18. 353.			CAUSE	OF DEATH		ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
	(This does not mean the mode of dying, e.g.,							
heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)  ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
							245.	
							881	
	(C)							
RTIFIC								
E		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
III DISEASE OF CONDITION CALLEING IT								
U	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OF			PERATION	IF OPERATION WAS RELAT			
7		WAS PERFORMED				PART I OR PART II	ER IN YES NO	
21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   12B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   12B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)							City, give exact location)	
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?							ř	
m. WORK AT WARK								
	22 I hamaha	Nee 1 Al Nee 22 A						
deceased after property, 19 and that death occurred at m., from the causes and on the date stated about 23A. SIGNATURE 23A. SIGNATURE 23B. ADDRESS							on the date stated above	
							100 28 R	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)								
Burial 28 Dec. 53 Balto. National Cemetary Baltimore, Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS ADDRESS							ryland	
							ADDRESS	
Local REGISTRAR Hantington Wallaum, Wayner Oangle E. Preston Street								
	21.0 / 01/	13000			-			
vs 150 8 970) 4 Balto. 2, Md.								
11					Menatici T		AND THE RESERVE	

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VS 150

Complete autopsy No. 24787

Donald with the Boundary U

for minter adder and

"History of surgical resection of "peculiar" carcinoma of the cecum (S.P. 53-5360)
See anatomical diagnosis from JHH in Document file.

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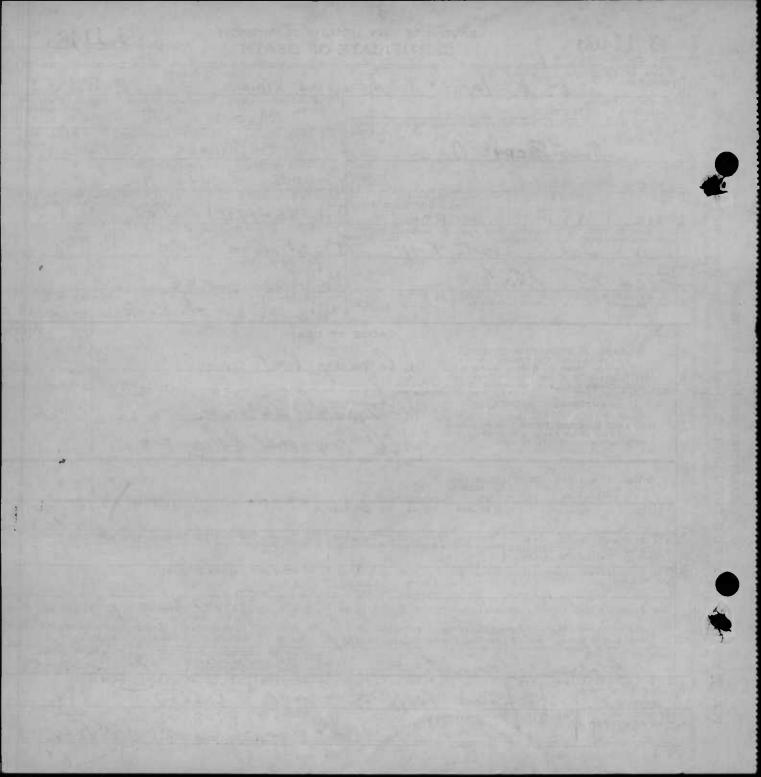
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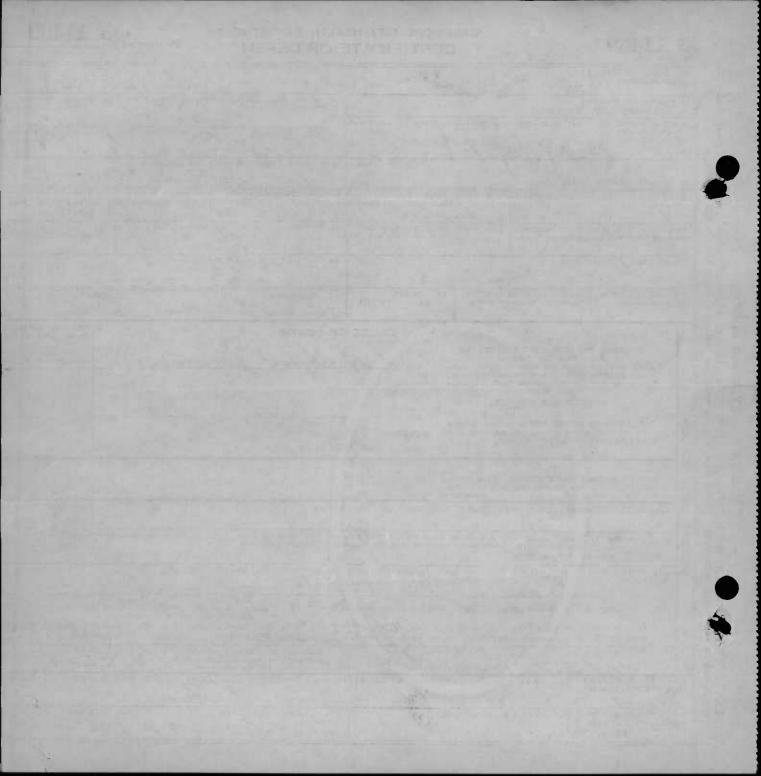
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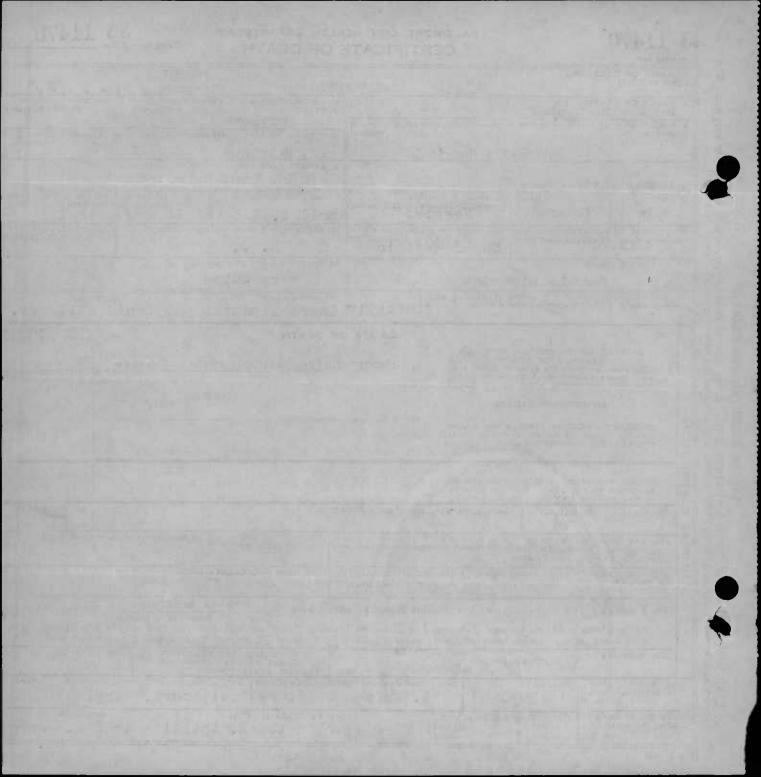
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Sa 11470 Registered No.

Arlington S. Phillips 1808 N. Monpo

NAME OF DECEASED 2. DATE (Type or Print) OF WILLIAM LIPSCOMB DEATH Dec. 24, 1953 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE OF DEATH: A. Baltimore City, Maryland Marvland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Incation) C. CITY OR TOWN (If outside corporate limits r te BURAL and give INSTITUTION township) University Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 932 Druid Hill Avenue c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year AGE (in years WIDOWED DIVORCED (Specify)
Married last birthday) Months Days Hours Min. Male Colored April 1905 information should of death clearly an ios kind of Business or American indust Sugar refining 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY N. C. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Suite Archie Lipscomb 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY Laura Lipscomb 932 Druid Hill Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Every item DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. 21B. PLACE OF INJURY (e.g., In or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING TI CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes of accident [], suicide [], homicide [], undetermined [] 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24B DATE 12/29/1953 Baltimore. Maryland Mt. Auburn Cemetery ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

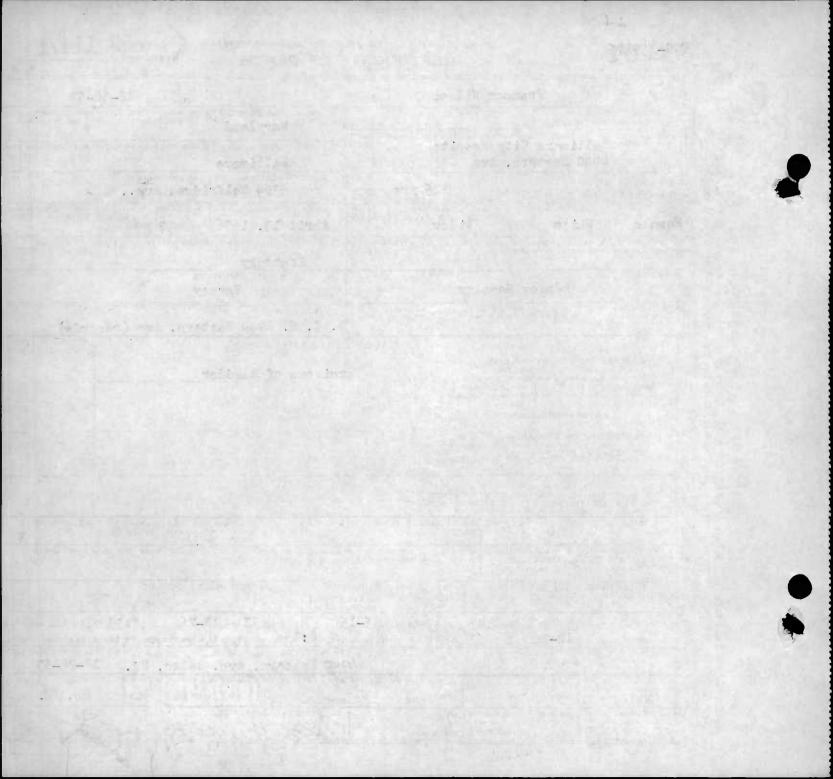
important. WRITH is especially i PLEASE



## BALTIMORE CITY HEALTH DEPARTMENT

53 11/17/1

BIRTH	NO.			CERTIFICA	TE OF	DEA	TH	Regi	stered No	77.7	11
	ME OF D		ces Wil	son				2. DATE OF DEATH	12-2	6-53	
A. Bal	CE OF D	ity, Maryland			A. STA	T F	pence (V	Vhere deceased a. COL	i lived. If in JNTY	s mution:	esidence e admission)
B. FUL HOSPI	L NAME TAL OR	Baltimore Ci 4940 Eastern	ty Hosp	on, give street address ltals iocation	c. CIT	OR TOV	vn (If	outside corp	ما	weile Ru	RAL and give township)
c. Len	igth of s	tay in Baltimore		25 yrs Mos				rural, give iod		5	
5. SEX		6. COLOR OR RACE	WIDOW	. MARRIED. ED. DIVORCED (Speci	141	11 13	тн , 1896	9. AGE (In last birth	years Hu	der I Year ha Days	if Under 24 Hours Hours Min.
10A. U	SUAL OC during most o	CUPATION (Give kind of working life, even if retired	108. KIND	OF BUSINESS OR INDUSTR	11. BIR		(State or fe	oreign country	7)   1	2. CITIZI WHAT	EN OF COUNTRY?
13. FA	THER'S N						MAIDEN N.	AME			
			Hensley			Nanc	y Varr	ney			
15. WA	S DECEASE or unknown)	D EVER IN U. S. ARMI (If yes, give war or day	D FORCES?	16. SOCIAL SECURITY NO.		ORMANT				DRESS	
					в. с.	H. 4	940 Eas	tern, A	A6 (L6		AL BETWEEN
NOI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO  UNDERLYING CONDITION LAST.  (C)										
ERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									/	
		F OPERATION		TION FOR WHICH	OPERATIO	N	CAUSE C	TION WAS REDE DEATH,		20. AL	NO E
OR	CONTRIB	ENT WAS UNDERLY BUTING CAUSE C IFY MEDICAL EXAMIN	F about h	PLACE OF INJURY come, farm, factory, street, off	(e. g., in or ice hldg., etc.)	21c. WHINJURY	OCCUR?	(If in Baitim	ore City, g	ive exact	location)
210	TIME (	Month) (Day) (Year	m. 2	WHILE AT NOT W	HILE	21F. HO	W DID IN.	JURY OCCU	R?		
OF INJURY  m. WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from 5-15, 19 52 to 12-26, 19 53, the deceased alive on 12-26, 19 53, and that death occurred a 8:152 m., from the causes and on the day										that I le	ast saw the
	A. SIGNA		u Par		23B. ADD	RESS		Balto.			TE SIGNED
	BURIAL (S EMOVAL (S Burial	REMA- pecify) 12/30/5		Moreland M	TERY OR CI	REMATOR	RY 240. L	ocation (C kridge	ity, town, o		(State)
DATE	RECEIVE REGIST	BY   REGISTRAF	'S SIGNATU				PECTOR	ik.	nero;	On	Hora

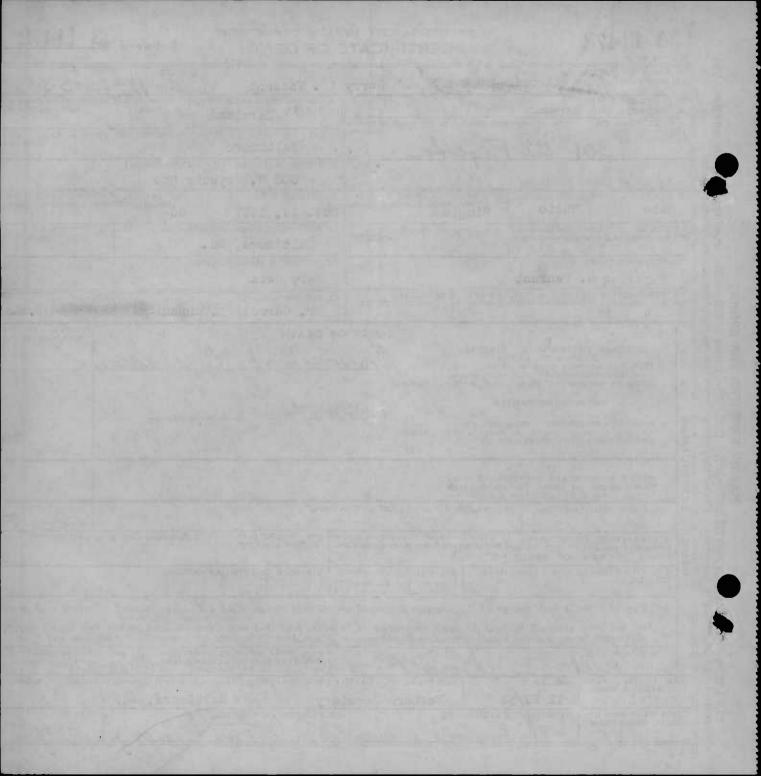


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	5	L	2	-	V	
	1	79	70	1	5.3	
	-	8 1-	-1.	-4	,,,	,

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

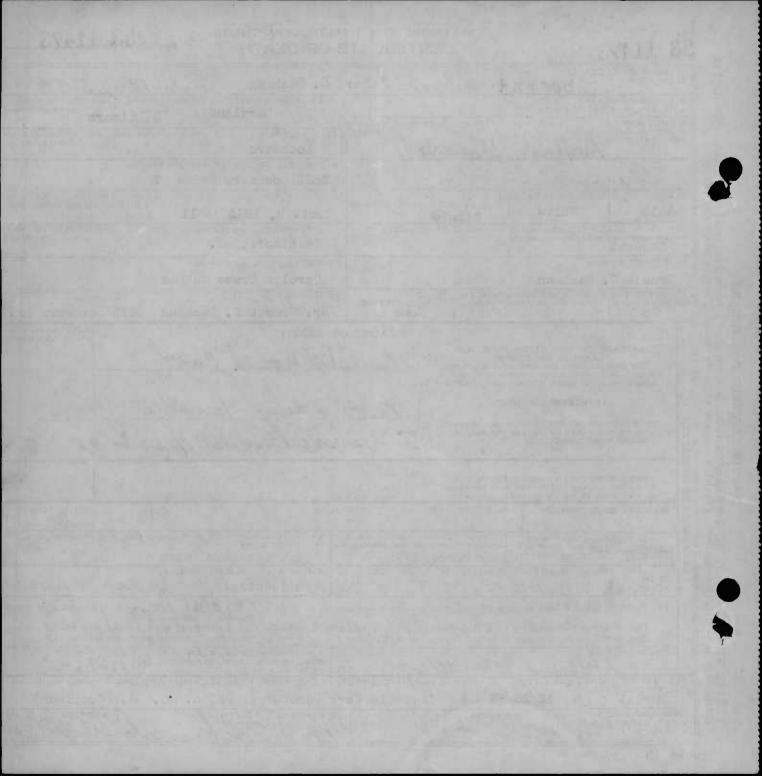
Registered 53 11472

	RTH NO.			CERTIFICAT	E OF DEAT	Ή.	Registere	ed No	11111
1. (T	NAME OF D ype or Print)	DECEASED		Au Harr	y A . Vansan	t	2. DATE OF DEATH 12	,-26-3	53
	PLACE OF B	City, Maryland			4. USUAL RESID		P COUNTY		: residence fore admission)
В.	FULL NAME		al or institu	tion, give street address	or	ryland		07	A. C.
	STITUTION	506 W.	Faut	He	Baltin	nore	outside cornorate l	- 4	township
				Yrs. Mos.				)	
_	Length of s	tay in Baltimore	7 SINGL	E. MARRIED.	8. DATE OF BIRT		9. AGE (In years	s If Under 1 Year	If Under 24 Hours
	Male	White	Sing	VED, DIVORCED (Specif	" Oct. 28, 18	367	last birthdny) 86	Months Days	Hours Min.
worl	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIN	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE ( Baltimor			12. CITI	ZEN OF
13	FATHER'S	NAME			14. MOTHER'S MA	AIDEN NA	AME		
	Augustu	s H. Vansant			Mary Getz	Z			
15 (Yes	. WAS DECEASI , no or unknown) No	ED EVER IN U.S. ARMET (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Carro	11 L.	Vansant-62	ADDRESS Charle	s St.Ave
ERTIFICATION	DISEASE RISE TO TUNDERLY	are, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI IS TO THE DEATH, BUT ISEASE OR CONDITION	eaused deat SES F ANY, GIVI STATING T AST. TIONS CO	(B)	scas <				
0	19A, DATE C	F OPERATION   1	9B. MAJOR	FINDINGS OF OPE	RATION			20. YES	AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	21B. PL. about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg	in or 21c. WHERE D	DID (II	f in Baltimore Cit	y, give exact	
Σ	21D. TIME ( OF INJURY	(Month) (Day) (Year)	(Hour)	21E, INJURY OCCUR		INJURY	OCCURT		HEAL)
	the cvi	idence obtained by	ge of the	remains described opsy, Inspection or from: natural eaus	above, held an A	said de	Inspection of Inqui	the day st	n and from
	23A. SIGNA		(K)	out	238. CHIEF MI ASSISTANT M M.D. MEDICAL INV	EDICAL E	EXAMINER	23c. DATE 5	SIGNED
TIC	a. BURIAL. ( N. REMOVAL (S Burial	248. DATE pecify) 12/29/5		24c. NAME OF CEMET Western Cem	ERY OR CREMATORY	24D. LC	ocation (City, to ltimore, M		(State)
	TE RECEIVE	D BY   REGISTRAR'S			25. FUNERAL DIR	,	0	ADDRES	S
D	FC 2 840	- DOM	timetor	~ Williams	Mm 1	120	Kno d	Jon HI	140



MARGIN RESERVED FOR BINDING

	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH Register No. 11473	
	1. NAME OF DECENSED	t E. Bachman   2. DATE OF DEATH /2-25-53	
	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF "I not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution; resi	
	INSTITUTION Authoran Hospital of Institution, ever street address of location)	C. CITY OR TOWN (If outside corporate limits, write RURAL	and giv
	c. Length of stay in Baltimore Yrs. Days	D. STREET ADDRESS (If rural, give location) 3623 Lochearn Drive 7	
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 9, 1942  9. AGE (In years Index I Year In Under I Year In the Index I Year In the In	der 24 Hours
	10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) Student Student Student	11. BIRTHPLACE (State or foreign country)  Baltimore, Md.  12. CITIZEN COUNTRY WHAT CO	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	Ernest S. Bachman  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL	Carolyn Grace Hughes	
1	Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mr. Ernest S. Bachman 3623 Lochearn	Dr.
0		org Lung - Heart =	
100	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	ATION	
	1 19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION 20. AUTO	NO [
40101111	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., or CONTRIB. UTING CAUSE OF DEATH.  21a. EXTERNAL CAUSE WAS about home, farm, factory, street, office bidg., or CONTRIB. HOUSE  21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., or CONTRIB. HOUSE  21c. INJURY OCCURRED OF INJURY OF INJURY OCCURRED OF INJURY OF INJURY OCCURRED OF INJURY	3629 Lochearn Drive 21F. How DID INJURY OCCUR?	
	the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes  23A. SIGNATURE		d from above □.
1	24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETER		(State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE VILLE AND	125 FUNERAL DIRECTOR ADDRESS ADDRESS AND	In
100	V3 151 N861,2	(1-	



53 111711

17, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH  Registered No. 114/4										
BIRTH NO.										
1. NAME OF DECEASED (Type or Print)	KATHERI NE BARTHO		2. DATE OF DEATH	Dec. 25, 1953						
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, I	f institution : residence before admission)						
	al or institution, give street address or location)  e Ave.	Md. c. CITY OR TOWN Baltimore	(If outside corporate itin	e-write RURAL and give township)						
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)								
c. Length of stay in Baltimore	Days	3822 Ferndale	Ave.							
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	If Under I Year   If Under 24 Hours   Ionths   Days   Hours   Min.						
female   white	widowed	June 8, 1867	86							
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
housewife		Mar yland								
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME							
George Eckstein		Unknown								
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS AV						
no	no	Mr. Irvin W.	Bartholomee-3	818 Ferndale						
Z O LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication will be complicated to the complication which complication will be complicated to the complication which complicated to the complication will be complicated to the complication which complicated to the complication will be complicated to t	f dying, e. g., (A)	tension		20 yrs 2						
BISEASE OR CONDITION CAUSING	RELATED TO THE									
19A. DATE OF OPERATION 1	98. CONDITION FOR WHICH OF AS PERFORMED	CAUSE PART	ERATION WAS RELATED OF DEATH, ENTER I OR PART II	IN YES NO X						
None  None  21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	about home, farm, factory, street, office	e. g., ia or bldg., etc.) INJURY OCCUP	D (If in Baltimore City	y, give exact location)						
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	INJURY OCCUR?							
22. I hereby certify that I att deceased alive on 12/25/5	ended the deceased from	, 19 , to	12/25/53 , 19	, that I last saw the						
23A. SIGNATURE	IRON M.D.	238. ADDRESS 5201 Gwynn Oak RY OR CREMATORY   248	Ave Balto 7.	23c. DATE SIGNED 12/27/53						
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 12/29/53		IN OR CITEMATOR 1	Woodlawn, Md							
DATE RECEIVED BY   REGISTRAR'	Woodlawn Cem.	25 FUNERAL PIRECTS	PR/	APDRESS						
LOCAL REGISTRAR	Tourton VIII auga	SIMMAN VI	/ichames/	+ Lous						

sice

See other

Patient was treated by Homer U. Todd, 2108 St Paul Street, for at least twenty years for hypertension and arterio-sclerosis. He was out of town on day she died - so I was called by a neighbor.

1	Y-524
-	3 11475 BIRTH NO.
	1. NAME OF DECEASED (Type or Print)

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N3 11475

4	BI	RTH NO.			CERTIFICATI	E OF DEA	IH	Megistered	110,	
	1.	NAME OF DECEASED pe or Print)	Pine C	Zane	y Linglin	9		2. DATE OF DEATH	, 27,19	753
		PLACE OF DEATH: Baltimore City, Maryla	nd	1		4. USUAL RESI	DENCE (Wh	ere deceased lived,	If institution:	
		FULL NAME OF (If not OSPITAL OR	in hospital or	instituti	on, give street address or location)	C. CITY OF TOY	and (It a	utside corporate lim	ec.	DAT 3 -1
		STITUTION Montes	, al 81	Data.	there tol		lester	guarde cor por ate min	iits, write KU	township)
DID	0	11/01000	us Di	0	Yrs.			ral, give location)	4	
821		Length of stay in Balti		as	Days			J	1600	
DIT	5.	SEX 6. COLOR OF			, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIR	TH	9. AGE (In years last birthday)	If Under 1 Year Months Days	Hours Min.
7	10	F W				Dept. 15,	1872	81		
cal	work	A. USUAL OCCUPATION (G	if retired)	B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	( ate or fore	eign country)	12. CITIZ	EN OF COUNTRY1
3	13	FATHER'S NAME		NOC	account	Var.	AAIDENI AIAA	100	13.	7.
Tar.		Henry & F.				14. MOTHER'S	77	ME		
ם מ	15	. WAS DECEASED EVER IN U.	S. ARMED FO	RCES? I	16. SOCIAL	alven	700	ng		
2			ar or dates of s		SECURITY NO.	17. INFORMANT	Rear	6	ADDRESS	
nse	1	18. 2221	90.		CAUSE (	OF DEATH	, juni		(INTER)	VAL BETWEEN
Ca	-	DISEASE OR COND	ITION DIR	ECTLY	CAUSE			0	ONSET	AND DEATH
LII4		(This does not mean the	O DEATH	ring, e.g.	(A) Cere-	Gral Muse	ular J	Krom for	4 10	days
anr.		heart failure, asthenia, et injury or complication	c. It means th	he disease	2,	- left- Ke	myles	ea		
X		ANTECEDEN	T CAUSES		Rea	untin 2	BALL.	ea sclososio	ma	ave
ase	Z				(в)	3	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		of fes.
pieas		DISEASES OR CONDIT	ISE (A) STA							
2	V	UNDERLYING CONDIT	ION LAST.		(C)	***************************************	*************************	**********		
nysicians	1FIC	11								
ysi	ERT	OTHER SIGNIFICANT CON TO THE DEATH BUT				. 36				
	Ö	DISEASE OR CONDITION	CAUSING IT.							
١	7	19A. DATE OF OPERATIO		PERFOR	TION FOR WHICH OF	PERATION	CAUSE OF	DEATH, ENTER		UTOPSY?
Lan	DICA	21A. ACCIDENT WAS UN			PLACE OF INJURY	e. g., in or 21C. WH				
important.	밃	OR CONTRIBUTING CA		about h	ome, farm, factory, street, office	bldg.,etc.) INJURY	OCCUR?			
	Σ	210 TIME (Month) (Day	(Year) (Ho	ur) 2	HE. INJURY OCCURRE	21F. HO	ULNI DID W	RY OCCUR?		
LILY		OF INJURY		m.	WHILE AT NOT WHILE WORK AT WORK					
ecian		22. I hereby certify the	at I attend	led the	deceased from GC	7. 22 .19	53 to Da	0.27 .19:	53 that I	last saw the
Cl ss		deceased alive on Dec								
12		23A. SIGNATURE				3B. ADDRESS	20 3/	00	23c. DA	TE SIGNED
50	24	Daniel ro		. 15	M. D. A	monte fell	2 340 LO	CATION (City, tow	or of untyl	(State)
.d	TIC	M, REMOVAL (Specify)	DATE 3N	12	20 NAME OF CEMETE	RI OR CREMATOR	(her	LA DO DA	n, of country,	(State)
correct	C.	TE RECEIVED BY REGI	STRAR'S &	IGNATIO	Manch	25. FUNERAL D	IRECTOR	rou eo	ADDRES	5
COL	LO	CAL REGISTRAR	Tarreto	~ //	Misur, Ry	200 81	1.1.1	Hay	Mater	& WIA
	1		-			cau ic	Thron	1 10	1	714
		VS 150				Total Line	/		1	

PLEASE WRITH PLA Y, WITH UNFADING INK. Every item of information should be care by supplied. correct age is est yall, amportant. Physicians: please write the causes of death clearly and		The	
PLEASE WRITH PLA Y, WITH UNFADING INK. Every item of information should be carecret age is es Vally Important. Physicians: please write the causes of death clearly and		ly supplied.	
PLEASE WRITH PLA Y, WITH UNFADING INK correct age is es yally mportant. Physicians: pleas	ERVED FOR BINDING	Every item of information should be early write the causes of death clearly and	
PLEASE WRITH PLA  Y, WITH correct age is es yally mportant.	MARGIN KEST	HUNFADING INK	T .
		PLEASE WRITH PLA Y, WITH	T

11		3-514		
	BI	3 11 1170	REALTH DEPARTMENT  Regis	53 11476 stered No.
	1.	NAME OF DECEASED  upe or Print) CEONGL JULYN SCHNA	MEL 2. DATE OF DEATH	12/27/53
		PLACE OF DEATH: Baltimore City, Maryland	A. STATE B. COL	
	H	FULL NAME OF (If not in hospital or institution, give street address of location STITUTION		rate limits write HUVAL and give township)
1	-	2303 E, NORTH AVE,	D. STREET ADDRESS (If rufal, give loc	1, 1
3	(C.	Length of stay in Baltimore 5 5 Mes.	7 307 F 1/0/CT	IF AVE.
y and		SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In last birth 5-5	years H Under 1 Year M Under 24 Hours hday) Months Days Hours Min.
cleari	WOE	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTREST AUR WITH OF BUSI	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
death		FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ris
oss or	(Ye	. (If yes, give war or dates of service)  (If yes, give war or dates of service)  (If yes, give war or dates of service)	Forge 9 Schuck	of 9-530 Herent
causes		1021	OF DEATH)	INTERVAL BETWEEN
rue		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	cinana of fun	& Myens
write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	the metartares	
		ANTECEDENT CAUSES		
piease	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		***************************************
	CA	UNDERLYING CONDITION LAST. (C)		
Fnysicians:	ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
7	U	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B MAJOR FINDINGS OF OPE	ERATION \	20. AUTOPSY?
ant.	EDICAL	1942 0 Carcinana	of Jung	YES NO U
mportant.	MEDI	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office blds	(.,etc.) INJURY OCCUR?	re City, give exact location)
5		210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY WHILE AT NOT WHIL	E	
r r		m.   WORK AT WORK  22. I hereby certify that I attended the deceased from	20,27, 163 to Dec, 27	1, 195 that I last saw the
es		deceased alive on, 19, and that death occur	urred at 7:35 Am., from the causes a	and on the date stated above.
123		Sylvan C, Howlinan M.D.	2108 Entow Pla	Q 127/53
age	24	A. BURIAL, GREMA 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (C	City, town, or county) (State)
correct	0	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Les FUNERAL DIRECTOR	ADDRESS
COI	L	JEC 8 1 Muntington Wollister, A	Leo & levok 1701-03 N.P.	atterno Prod
	=	VS 150		ave
1		2-7	0619	

BOTH A TOTAL STATE BEAUTING

C-563

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11477

ВІ	RTH NO.			CERTII TOATI	- 01 DL1						
1.	NAME OF D						2. DATE OF				
			illiam	Conrad			DEATH Dec.	27, 1953			
	PLACE OF D	EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)						
В.	FULL NAME		tal or institut	tion, give street address or							
HO	STITUTION	(10		location)							
A		643	S. Belr	nord Ave.	Baltin	nore	1	towns	nibi		
Y				Yrs.	D. STREET ADDRESS (If rural, give location)						
c.	Length of s	tay in Baltimore		Mos. Days	6/13 S.	Belnor	d Ave.				
5.	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BI		9. AGE (In years)	If Under 1 Year   11 Under 24 Fonths; Days   Hours   M	iouts		
	Male	White	Marr	ied	Dec. 22,		72		ıın.		
10 work	A. USUAL OC	CUPATION (Give kind of working life, even if retired	10s. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	CE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNT	RY?		
	Reti			in book i	Austria						
13	. FATHER'S	NAME			14. MOTHER'S	MAIDEN NA	AME				
		George Conr	ad		Barbara	a.					
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMAN		A	DDRESS	=		
(Yei	, no or unknown)	(If yes, give war or dat	es of service)	212-05-1482A	Anna M.	Conrad	643 S. Bel				
1	18. 201/				OF DEATH	ooni aa	04) 0. 20.	INTERVAL BETW	EEN		
	204				OF BLATA			ONSET AND DE	ATH		
	DISEAS	SE OR CONDITION LEADING TO DEA	DIRECTLY	SAL	- marcal		- Parka:	Dealin	(2)		
	(This does	not mean the mode	of dying, e.	g., (A)	m- Mujer	rgenu	- Fewkenn	a 1000.19	84		
	injury or	re, asthenia, etc. It me complication which	ans the disea: caused deatl	h.) DUE TO							
_		ANTECEDENT CAU	SES								
6		S OR CONDITIONS,				· · · · · · · · · · · · · · · · · · ·	***************************************	***************************************			
F		HE ABOVE CAUSE (A)		HE DUE TO							
RTIFICATION				(C)		••••••••••••••••	•••••				
Ī.						71.					
교		DEATH BUT NOT									
CE		R CONDITION CAUSIN	G IT.	***************************************							
	19A. DATE C	F OPERATION	19B. COND	ITION FOR WHICH OF	PERATION	IF OPERA	TION WAS RELATED	TO 20. AUTOPSY?	1		
¥				JUMED			F DEATH, ENTER		-		
Ö		ENT WAS UNDERLY BUTING☐ CAUSE O		B. PLACE OF INJURY ( home, farm, factory, street, office		HERE DID (	(If in Baltimore City	, give exact location)			
ED		TIFY MEDICAL EXAMIN		none, and, acout y, sereet, ome	bidg.,ew./	1 OCCUR!					
Σ	21D. TIME	(Month) (Day) (Year	) (Hour) 1	21E. INJURY OCCURRE	2 1F. HO	OW DID INJ	IURY OCCUR?				
	OF INJURY	3		WHILE AT NOT WHILE	E			(			
			m. I	WORK AT WORL					-		
	22. I heret	y certify that I at	tended the	deceased from	e /,1	953 to 2	e 27 , 195	3, that I last saw	the		
	deceased a	live on 12-37	_, 1953.	and that death occur	rred at 8:10 A	m., from to	he causes and on t	the date stated ab	ove.		
	23A, SIGNA			0 2	3218 E	> +		23c. DATE SIGN	1ED		
		N. FY	lani	IVI. D.				12-28-5			
24 TI	AA. BURIAL, ON, REMOVAL (	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATO	DRY 240. L	OCATION (City, town	n, or county) (Sta	ite)		
	Burial	Dec. 30	. 1953	Oak Lawn Cem	etery	Balt	imore, Mary]	and			
	ATE RECEIVE	D BY   REGISTRAF			25. FUNERAL	DIRECTOR		ADDRESS			
L	DCAL REGIST	RAR	in the	Walliama, No	Lilly & 7	Geiler T	nc., 403 S.	Wolfe St.			
(1	111110	I WAS I SHAPE	THE PERSON NAMED IN	A A STATE OF THE S	2	5 3	, , , , , , , ,				

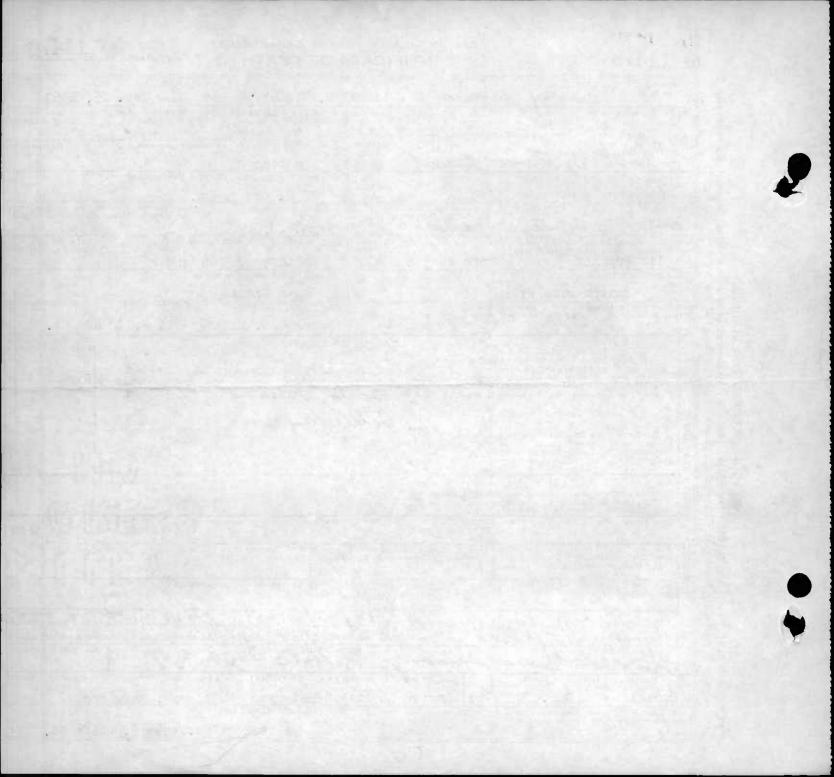
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

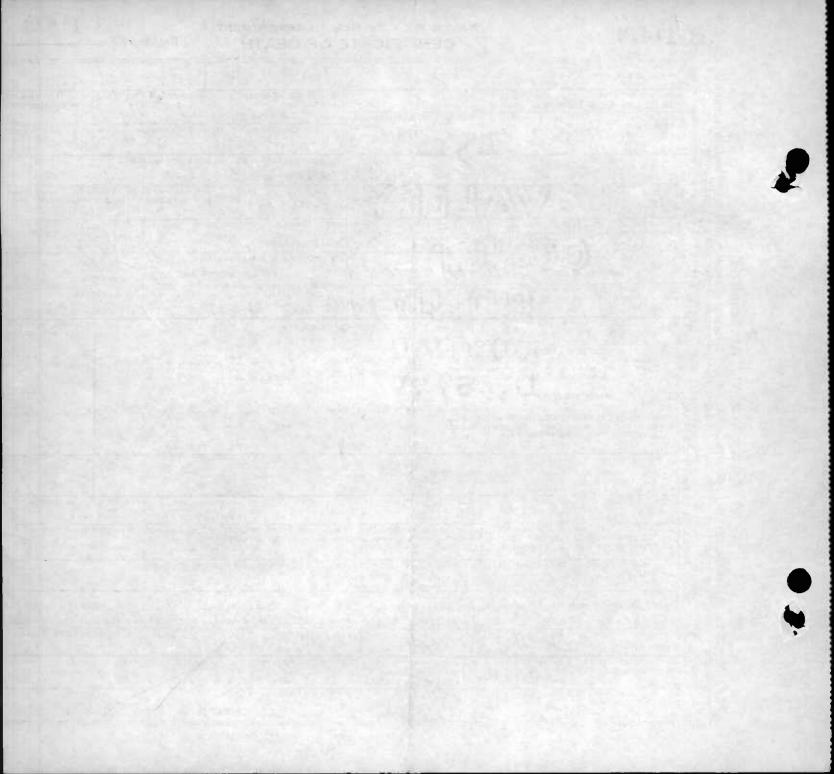
Registered No. 11478

The The	IRTH NO			CERTIFICAT	E OF DEA	IH	Registered	1110
. 10	NAME OF DI	Bisasly	hick	ral (Michea	l S. Bisasl	CV)	2. DATE OF DEATH DEC	. 25, 1953
upplie	Baltimore C	ity, Maryland	tal or institut	ion, give street address or	A. STATE	enth		If institution: residence before admission)
should be carefully supplied arrly and legibly.	NSTITUTION SOLL	& Baltine		location)	c. CITY OR TO		outside corporate in	nits, write BURAL and give township)
legibl		ay in Baltimore	Life	Yrs. Mos. Days	811 S.			
y and	mele	White	WIDOW	E. MARRIED. ED. DIVORCED (Specify)	Sept. 20.		9. AGE (In years last birthday)	H Under 1 Year H Under 24 Hours Months Days Hours Min.
Con _	Lithogra		)	of Business or INDUSTRY Cork & Seal	Baltimo	ore, Ma	ryland	12. CITIZEN OF WHAT COUNTRY?
eath	3. FATHER'S N	eph Bisasky			14. MOTHER'S Helen		AME	
of d	5. WAS DECEASE	D EVER IN U. S. ARMI (If yes, give war or day	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN	г		ADDRESS
ses	18. 420				Rosalie 1	E. Bisa	sky-811 S.	Grundy St.
UNFADING INK. Every item Physicians: please write the cau CERTIFICATION	DISEASES	ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION L	IF ANY, GIVIN	IG	ioelero	i,	rej with	
Physicia	TO THE	II  NIFICANT CONDITION  DEATH BUT NOT  R CONDITION CAUSIN	RELATED TO		₩			
11.1	19A. DATE O	F OPERATION		TION FOR WHICH O	PERATION	CAUSE	ATION WAS RELATED OF DEATH, ENTER OR PART II	
important.	OR CONTRIB	NT WAS UNDERLY UTING CAUSE C IFY MEDICAL EXAMIN	F about	. PLACE OF INJURY bonne, farm, factory, street, office		HERE DID		ty, give exact location)
ecially impo		Month) (Day) (Year	) (Hour)   m.	WHILE AT NOT WHI	LE	W DID IN	JURY OCCUR?	
especially	22. I hereby	ive on 12/2	tended the	deceased from / >	, , ,	53, to	12/25, 19 the causes and on	that I last saw the the date stated above.
E IN	23 SIGNAT	HoBu	ingole	M. D.	3B. ADDRESS	Ly	411.	23c. DATE SIGNED
7	4A. BURIAL C ION. REMOVAL (S Burial	Pecify) Dec. 30	-4-1	Sacred Heart			Location (City, too Ltimore, Mar	
	ATE RECEIVE	BY REGISTRAF	'S SIGNATU		25. FUNERAL I	DIRECTOR		ADDRESS

571 32



5.	BI	11479 IRTH NO.		57	CERTIFICA		DEA		Registere		LLTIO	
		NAME OF Daype or Print)	Jemes	E	HALL				OF 12	-27-	53	
supplied.	Α.		City, Maryland			A. ST	ATE		re deceased lived B. COUNTY		tion : residence before admission	
fully su	H	FULL NAME OSPITAL OR ISTITUTION		al or institu	tion, give treet address locat	ion) C. CI						
care	c.	Length of s	tay in Baltimore			0=	o. STREET ADDRESS (If rural, give location) 2906 Loupen Eve.					
should be carefully arily and legibly.	5.	SEX	6. COLOR OR RACE		E. MARRIED WED, DIVORCED (Sp.	10.1	TE OF BIF		last birthday)	li Under 1 Months I	Year If Under 24 Hours Days Hours Min	
R BINDING em of information shou causes of death clearly	worl	done during most	CUPATION (Givekindof of working life, even if retired)	10B. KIN	D OF BUSINESS OF INDUS	TRY	RTHPLACE 3 NATO	E (State or forci	gn country)		ITIZEN OF HAT COUNTRY U-S.A	
	13	3. FATHER'S I	LAKROWA Ja	mes /	4-Hall	14. M	OTHER'S	MAIDEN NAM	E Elija	her	4	
	(Xe	NAS DECEAS Na, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY N 213-10-29	2 4 4	FORMAN'	Hosbt-	. 300 No	Colv	et to	
ARGIN RESERVED FOR FADING INK. Every item sicians: please write the car	RTIFICATION	heart failt injury or DISEASE	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) CLUTE MYOLARDIAL INTERCTOR I HE PLUMONERY FORMS  (B) CATERIOS CLEROTIC CARDIO SESCULAR SYNES.  (C)  HEART DISEASE  (C)									
MARGIN UNFADING Physicians:	CERT	TO THE OISEASE O	DEATH BUT NOT POR CONDITIONS	RELATED T		OPERATI	ON	I IE OPERATIO	N WAS RELATE	D TO 1 21	O. AUTOPSY7	
ы.	CAL			AS PERF				PART I OR	DEATH, ENTER	R IN YE	ES NO	
0	MEDIC	OR CONTRI	BUTING CAUSE OF	abou	t home, farm, factory, street,			OCCUR?	, baramore of	, <b>811</b> 0 0	Auto rocation)	
7.	2	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour)   m.		WHILE WORK	21F. HO	AULAI DID WO	RY OCCUR?			
RITE is espe	2	deceased a	22. I hereby certify that I attended the deceased from 12-26, 1953, to 12-27, 1953 that I last saw the deceased align on 12-21, 1953 and that death occurred at 11:52 in., from the causes and on the date stated above 23A. SIGNATURE  23B. ADDRESS  23C. DATE SIGNED  12-27-53									
PLEASE W	TI	ON REMOVAL (	(2-36-	1953	Hur Cothe	drol &	emelia	ey Balle	work,	mel		
PLI		ATE RECEIVE OCAL REGIST		SSIGNAT	Walistike,	25. F	uneral l	1. Could	lin 924	E. Eug	ress La St.	
	P	VS 150	30	0	6.61	51		*				



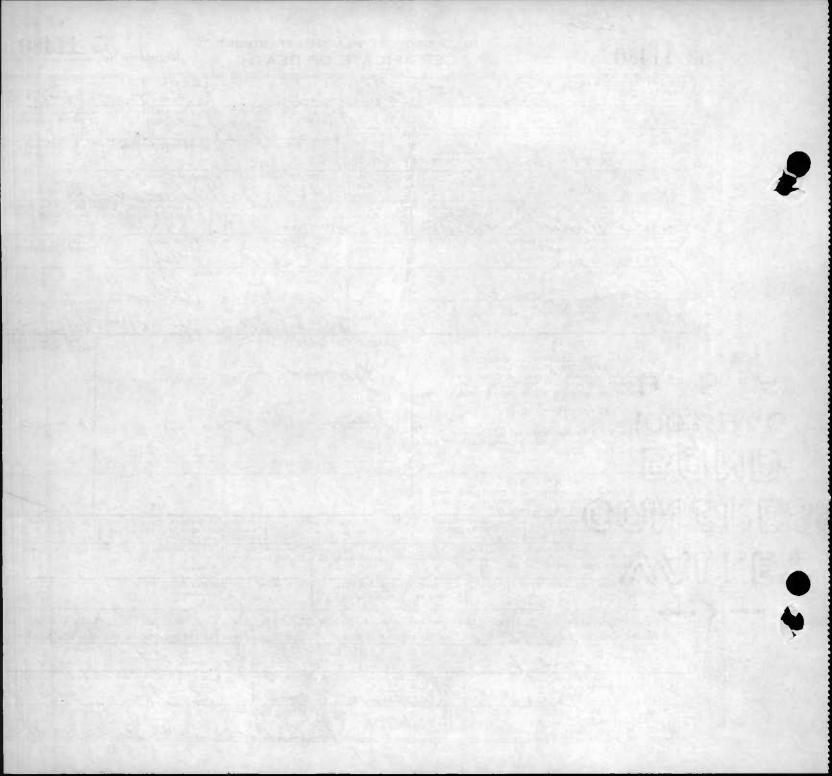
A-162

### BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 11480

E	BIRTH NO.	L OI BLAI		
1	NAME OF DECEASED Anna E. Elle	rurmet	2. DATE OF DEATH	ec. 26-1953
1	B. PLACE OF DEATH: a. Baltimore City, Maryland	A. STATE	DENCE (Where deceased lived B. COUNTY	
F	DESPITAL OR CITY OF CONTROL OF CO		N Ul outside corporate li	mits, write RURAL and give
1	2410 E. 190 Jeman 31.	030	allo. 6	township)
	Yrs, Mos. Length of stay in Baltimore	D. STREET ADDR	RESS (If rural, give location)	N.
-	S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	Mon 16-1	H   9 AGE Un vears	
1 WC	OA. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR INDUSTRY		(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	14. MOTHER'S M	F. Ma.	
	Frank Fousek	Bark	na Petri	4
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	011	ADDRESS
-	18. 1/22. Y CAUSE	OF DEATH	Sparont 241	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	OF BEATH	/	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ocardit		***************************************
	injury or complication which caused death.) DUE TO	21		
Z	ANTECEDENT CAUSES  (B)	mi - O/	zzi	2 rents
TION				
FICA	(C)	••••••••••••	•••••••••••••••••••••••••••••••••••••••	
i i	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
0 14	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH O	PERATION	IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II	
MEDIC	DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., in er 21c. WHE bldg., etc.)	RE DID (If in Baltimore C	ity, give exact location)
	210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT HOT WHILE AT AT WORK AT WORK	ILE	DID INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from	120/12,19_	, to 1/16 (5), 19	, that I last saw the
		rred at 3/+ m	a., from the causes and or	n the date stated above.
	Lygy h M.D.	26012	Hommat ff	12/4/10
000	24A. BURIAL, CREMA 24B. DAVE 24C. NAME OF CEMETE	ERY OR CREMATORY	240. LOCATION (City, to	wn, or county) (State)
i	TION REMOVAL (Specify) 9 39-63 Bottomer	Len.	Bot-	md.
1	DATE RECEIVED BY REGISTRAR'S SIGNATURE	28. FUNERAL DU	Balls.	Md.

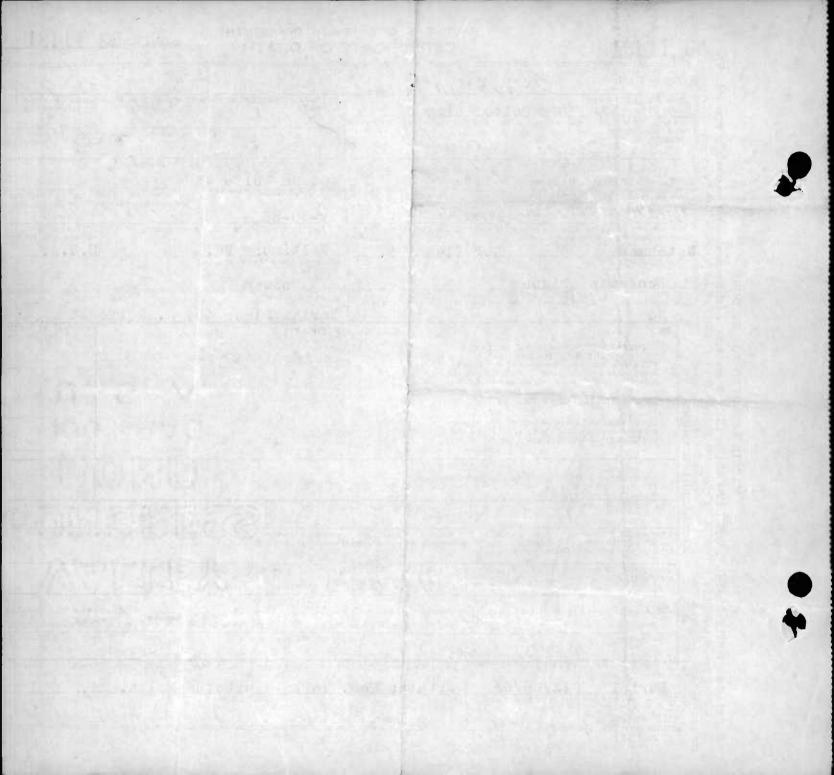
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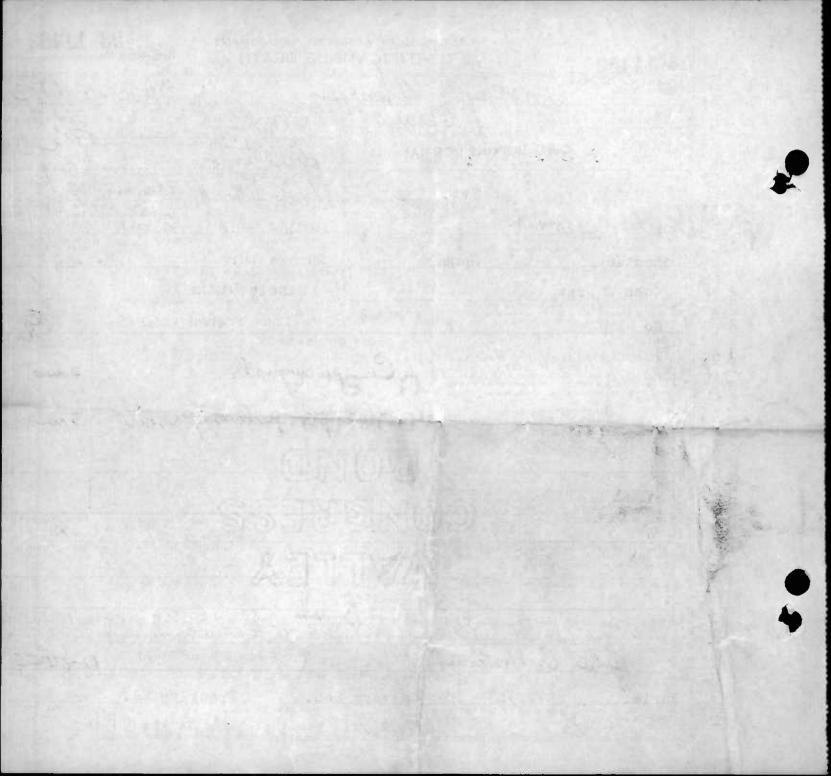


,50	BALTIMORE CITY HEALTH DEPARTMENT
1	CERTIFICATE OF DEATH

Registered No	114	81
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3	11481 CER	TIFICATE O	OF DEATH	Registered No	3 11401
1. (T	NAME OF DECEASED BENJAMIN	F. DIXO	N	2. DATE OF DEATH /2/2	3/53
3. A.	PLACE OF DEATH: Baltimore City, Maryland Balto, City	4.	USUAL RESIDENCE	E (Where deceased lived, If in B. COUNTY	stitution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give OSPITAL OR STITUTION		CITY OR TOWN	(If outside corporate limits,	
	Jenai Hospil			nork 6	township)
17	Length of stay in Baltimore Life	Mos.	of Nn Wolf	(If rural, give location)	
11	SEX   6. COLOR OR RACE   7. SINGLE, MARI	RIED, 8.	DATE OF BIRTH	9. AGE (In years)	nder I Year   If Under 24 House ths: Days   Hours   Min.
	mar colored mair	ed No	v-30-86	67	
	DA. USUAL OCCUPATION (Givekind of 10B. KIND OF BU	INDUSTRY	BIRTHPLACE (State		2. CITIZEN OF WHAT COUNTRY?
	tchman Buck Glass		Baltimore Mother's Maide		U.S.A.
	Benjamin Dixon		Unkown		
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. Se	OCIAL ECURITY NO. 17.	INFORMANT	AD	DRESS
	No	В	ertha Dixo	n 404 N. Wolf	
	18. /63× 1	CAUSE OF			ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	. Lulin	orians Co	arcuma	
	heart failure, asthenia, etc. It means the disease,	(A)			*****
	ANTECEDENT CAUSES				
Z		(8)			
RTIFICATION		JE TO			
101		(C)	***************************************		
I L	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
CER	TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.				
AL	19a. DATE OF OPERATION 19B. CONDITION F		CAUS PAR	PERATION WAS RELATED TO E OF DEATH, ENTER IN T I OR PART II	YES NO
EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	E OF INJURY (e. g., a, factory, atreet, office bldg.,	o or 21C. WHERE D	OID (If in Baitimore City, g	rive exact iocation)
Σ	OF INJURY (Month) (Day) (Year) (Hour) 21E. IN. WHILE MORK		21F. HOW DID	INJURY OCCUR?	
			8/53 19 to	12/23 195	that I last saw the
	deceased alive on 12/2319 32, and th	at death occurred	ht 695/m., fre	om the causes and on th	e date stated above.
	23A. SIGNATURE Pholemensky		ADDRESS	i Hope Tal	23c. DATE SIGNED
2	4A. BURIAL, CREMA- 24B. DATE Z4C. NA	M. D.   AME OF CEMETERY O	R CREMATORY 24	IO. LOCATION (City, town,	or county) (State)
	ON, REMOVAL (Specify) Burial 12/28/53 Arbi	utus Mem.	Park Ar		Md.
	OCAL REGISTRAR REGISTRAR'S SIGNATURE	25	FUNERAL DIRECT	OR I I I I I	DODRESS HER
	DEC 281953 Thurtyglow Vol	spline, my	may o il	1000 M	900.00
	vs for oftened	7.6	363		ang

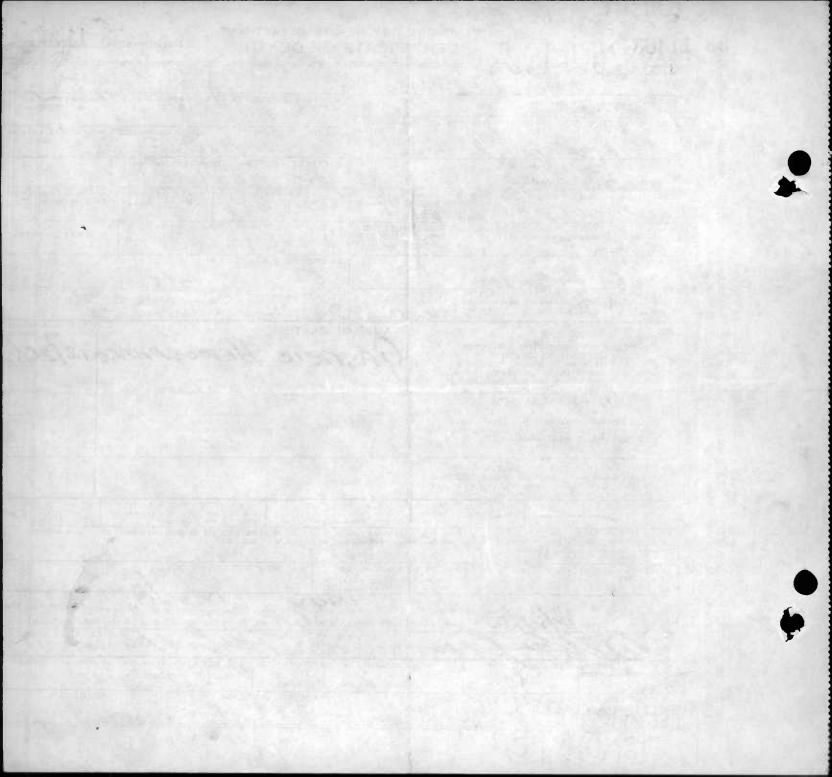




# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11483

BI	CERTIFICA CERTIFICA	TE OF DEATH		
	NAME OF DECEASED Type or Print)  Tradenick Holsas	2. DATE 0F 12/26/53		
Α.	. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)		
HO	FULL NAME OF (If not in hospital or institution, give street address location NSTITUTION Tyndale Uve,			
carry and legibly.	Yrs Mos	3. 6 1 1 1 1 1 1 1 1		
c.	Length of stay in Baltimore Day  S. SEX [6.COLOR OF RACE   7. SINGLE, MARRIED.			
1	Male White Widowed (Special Widowed	9/2/188/ last birthday) Months Days Hours Min.		
	OA. USUAL OCCUPATION (Give kind of rek done during most of working life, even if retired)  Macking as Industry  Sun Paken	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY:		
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	Vota Hot ass	Unna M. Wolfe		
	5. WAS DECEASED EVER IN 0, S. ARMED FORCES? (If yes, give war or dates of service)  2.13-03-324	17. INFORMANT 15 Color ADDRESS		
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)			
AL CI	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	CAUSE OF DEATH, ENTER IN YES NO PART I OR PART II		
EDIC/	OR CONTRIBUTING CAUSE OF about bome, farm, factory, street, of	(e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) icebldg.,etc.)		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP OF INJURY	HILE		
Cimerada	22. I hereby certify that I attended the deceased from deceased alive on that death occ	1947, 19, to 776, 19, that I last saw th curred at 64.m., from the causes and on the date stated above		
	23A. SIGNATURE GING M. D.	238. ADDRESS 23C. DATE SIGNED		
1 10	24A. BURIAL, CREMA- HON, REMOVAL (Specify) 12/29/53 24C. NAME OF CEME	TERY OR CREMATORY 380. LOCATION (City, town, or county) (State)		
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS		
===				

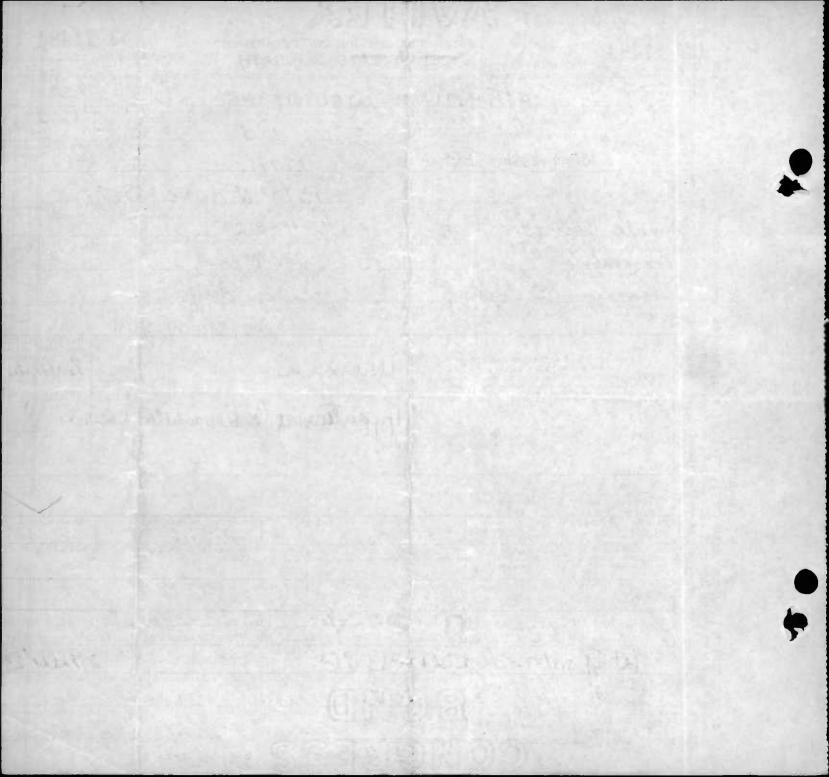


## BALTIMORE CITY HEALTH DEPARTMENT

53 11484

The	BI	RTH NO.		OLIVIII	ICATE OF	DEATH	Registered No	
	1. (T	NAME OF Divpe or Print)		terine	Saul	vders	2. DATE OF DEC 2	7 1953
supplied.	Α.	PLACE OF DI Baltimore C	ity, Maryland	sler 4	A. STA		(Where deceased lived, If in B. COUNTY	stitution: residence before admission)
Illy	H	SPITAL OR STITUTION	JOHNS HOPKI		1 41	Y OR TOWN Balto	(If outside corposite fimile,	township)
carefully legibly.	2	Length of st	tay in Baltimore		Yrs. D. STF	-	(If rural, give location)	
be ld 1	-	SEX Pa	6. COLOR OR RACE	7. SINGLE, MARKIED, WIDOWED, DIVORCE	8. DA1	TE OF BIRTH	9. AGE (In years II U	nder 1 Year If Under 24 Hours the Days Hours Min.
shoul early	Fork		CUPATION (Givokindof f working) (fe, even if retired)	10B. KIND OF BUSINES	SS OR 11. BIR	RTHPLACE (State o	r foreign country)	2. CITIZEN OF WHAT COUNTRY?
	13	FATHER'S N			14. MC	OTHER'S MAIDEN	NAME	U.S.44
DII	15. WAS DECEASED EVER IN U. S. ARMED/FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			FORCES? 16. SOCIAL Sof service) SECURI		FORMANT	ampbell AD	DRESS
		18. // //			CAUSE OF DE		OPKINS HOSPITAL	INTERVAL BETWEEN
FOR y item the cau		DISEAS	E OR CONDITION LEADING TO DEAT not mean the mode o	DIRECTLY	bremi	A		2 Weeks
RVED FO. Every ite		heart failu	re, asthenia, etc. It mea complication which c	ns the disease,	1 +	. 0		
RESERVED INK. Ever please write	NO	DISEASES	ANTECEDENT CAUS OR CONDITIONS, II	F ANY, GIVING	y perlew	nus lordu	Vosacles Dis	ebee
IN RING I	CATI	RISE TO T	HE ABOVE CAUSE (A) ING CONDITION LA	STATING THE DUE TO				
CG. DI iar	H.			(C)	• • • • • • • • • • • • • • • • • • • •			
AF FA	2		II NIFICANT CONDITIONS	(C)				
MARGIN UNFADING Physicians:	CERT	TO THE		CONTRIBUTING RELATED TO THE				
54	CE	TO THE DISEASE O 19A. DATE O	NIFICANT CONDITIONS DEATH BUT NOT I R CONDITION CAUSING F OPERATION 1	CONTRIBUTING RELATED TO THE JIT. 9B. CONDITION FOR W WAS PERFORMED		CAUSE	RATION WAS RELATED TO OF DEATH, ENTER IN I OR PART II	20. AUTOPSY? YES NO
WITH ortant.	EDICAL CE	TO THE DISEASE OF 19A, DATE OF CONTRIB	NIFICANT CONDITIONS DEATH BUT NOT I R CONDITION CAUSING F OPERATION 1	CONTRIBUTING RELATED TO THE 5 IT.  9B. CONDITION FOR W VAS PERFORMED  ING 21B. PLACE OF 1 about home, farm, factory	NJURY (e.g., in or	CAUSE PART 21c. WHERE DI	OF DEATH, ENTER IN I OR PART II D (If in Baltimore City, g	20. AUTOPSY? YES NO
WITH ortant.	CE	TO THE DISEASE OF 19A, DATE OF CONTRIED DEATH (NOT	NIFICANT CONDITIONS DEATH BUT NOT IF R CONDITION CAUSING F OPERATION 1 V ENT WAS UNDERLYIE BUTING   CAUSE OF	CONTRIBUTING RELATED TO THE SIT.  9B. CONDITION FOR WAS PERFORMED  ING 21B. PLACE OF I about home, farm, factory  (Hour) 21E. INJURY WHILE AT	NJURY (e.g., in or y, street, office bldg., etc.)  OCCURRED  NOT WHILE	21c. WHERE DII	OF DEATH, ENTER IN I OR PART II D (If in Baltimore City, g	20. AUTOPSY? YES NO
PLAINLY, WITH	EDICAL CE	TO THE DISEASE OF 19A. DATE OF CONTRIED DEATH (NOT 21D TIME (OF INJURY) 22. I hereb	NIFICANT CONDITIONS DEATH BUT NOT I R CONDITION CAUSING F OPERATION I V ENT WAS UNDERLYI BUTING CAUSE OF IFY MEDICAL EXAMINE Month) (Day) (Year)  W eertify that I att	CONTRIBUTING RELATED TO THE SIT. 9B. CONDITION FOR W VAS PERFORMED  ING   21B. PLACE OF I about home, farm, factory R)  (Hour)   21E. INJURY WHILE AT WORK   21B. AD A CONTROL OF I WHILE AT WHO AND A CONTROL OF I	INJURY (e. g., in or y, street, office bldg., etc.)  OCCURRED  NOT WHILE  AT WORK	21c. WHERE DII INJURY OCCUR	OF DEATH, ENTER IN I OR PART II  O (If in Baltimore City, g  INJURY OCCUR?	20. AUTOPSY? YES NO Cive exact location)
RITE PLAINLY, WITH is especially important.	EDICAL CE	TO THE DISEASE OF THE OF INJURY	NIFICANT CONDITIONS DEATH BUT NOT TO CONDITION CAUSING F OPERATION INTERPOLATION OF THE CONTROL	CONTRIBUTING RELATED TO THE SIT.  9B. CONDITION FOR W VAS PERFORMED  ING 21B. PLACE OF I about home, farm, factory (Hour) 21E. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK  ath occurred at.  23B. ADI	21c. WHERE DII INJURY OCCUR  21f. HOW DID  1953, tol	I OR PART II OR PART II O (If in Baltimore City, g  INJURY OCCUR?  The causes and on the	20. AUTOPSY? YES NO Cive exact location)
WRITE PLAINLY, WITH ge is especially important.	MEDICAL CE	TO THE DISEASE OF 19A. DATE OF CONTRIBE OF CONTRIBE OF INJURY  21D TIME (OF INJURY)  22. I hereb deceased as	NIFICANT CONDITIONS DEATH BUT NOT IR CONDITION CAUSING F OPERATION INTERPRETATION	CONTRIBUTING RELATED TO THE SIT. 9B. CONDITION FOR W VAS PERFORMED  ING   21B. PLACE OF I about home, farm, factory R)  (Hour)   21E. INJURY WHILE AT WORK   21B. AD A CONTROL OF I WHILE AT WHO AND A CONTROL OF I	OCCURRED NOT WHILE AT WORK  ath occurred at.  23B, ADI  M. D.	21c. WHERE DII INJURY OCCUR  21f. HOW DID  1953, tol  210 Am., from DRESS HNS HOPKINS	INJURY OCCUR?  Reference of the causes and on the court of the court o	20. AUTOPSY? YES NO Crive exact location)  Sthat I last saw the edate stated above.
RITE PLAINLY, WITH is especially important.	MEDICAL CE	21A. ACCIDE OR CONTRIE DEATH (NOT 21D TIME (OF INJURY)  22. I hereb deceased at 23A. SIGNA	NIFICANT CONDITIONS DEATH BUT NOT IT CONDITION CAUSING F OPERATION IT ENT WAS UNDERLY BUTING CAUSE OF IFY MEDICAL EXAMINE Month) (Day) (Year)  W certify that I att live on R 2 1  THE CONTROL OF THE CONTROL  OF THE CONTROL	CONTRIBUTING RELATED TO THE SIT.  9B. CONDITION FOR WAS PERFORMED  ING 21B. PLACE OF I about home, farm, factory WHILE AT WORK  1. 19.53, and that decompositions are selected to the deceased from the condense of the conden	OCCURRED  NOT WHILE AT WORK  OM R - 10 -  ath occurred at.  M. D.  TECHNETERY OR CO	21c. WHERE DII INJURY OCCUR  21f. HOW DID  1953, tol  210 Am., from DRESS HNS HOPKINS	INJURY OCCUR?  Results of the eauses and on the Location (City, town, constitution).  LOCATION (City, town, constitution).	20. AUTOPSY? YES NO Crive exact location)  Sthat I last saw the edate stated above.

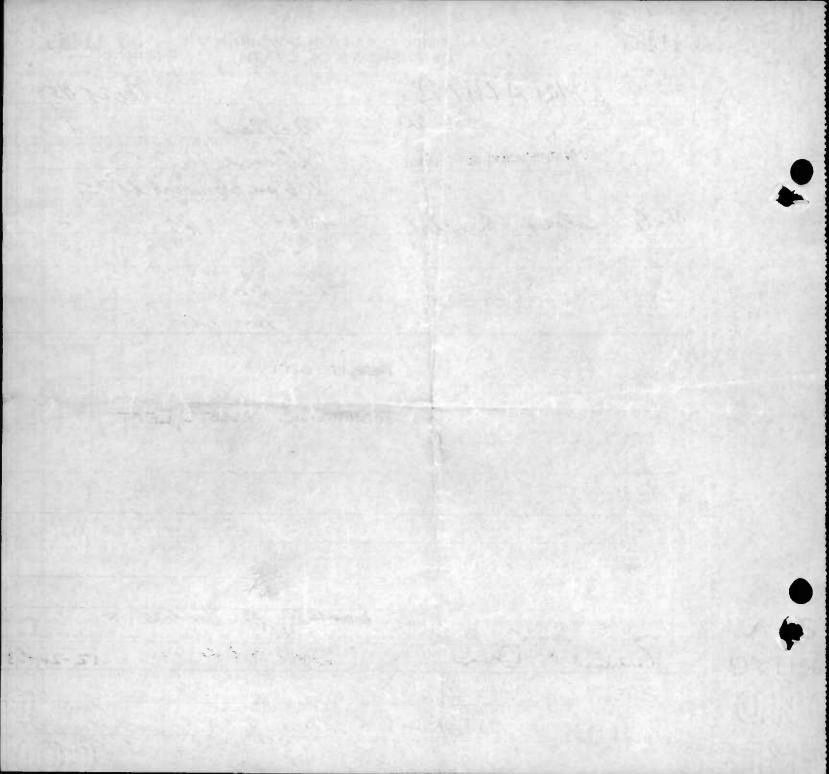
112971. Carles ST



# BALTIMORE CITY HEALTH DEPARTMENT

53 11485

The		CERTIFICATE OF DEATH Registered No								
	1. NAME OF DECEASED A DAMS				2. DATE OF DEATH DE 25 1953			55		
ıpplie	Α.		ity, Maryland	R	els	A. ST		E (Where deceased live B. COUNT		residence re admission)
lly su	HC	FULL NAME ( SPITAL OR STITUTION	JOHNS HO		on, give street address locat	on) c. CIT	Y OF TOWN	(If outside corporate	limits, write RUI	AL and give lownship)
arefu gibly.	3.	3		100	Y	rs. D. STR	REET ADDRESS	onough L	1/15	
l be c	C. 5	Length of st	ay in Baltimore			8. DAT	E OF BIRTH	9. AGE (In year last birthday	f Under I Year Months Days	H Under 24 Hours Hours Min.
R BINDING em of information should be carefully supplied causes of death clearly and legibly.	10.	A. USUAL OCC	COCOCO CUPATION (Give kind of f working life, even if retired)	ner 108. KIND	OF BUSINESS OF	11. BIR	6 ~ //	or foreign country)	12. CITIZE	EN OF
tion s	_0	FATHER'S N	W		111203		THER'S MAPSE	N NAME	WIG	300,111,77
ING orma deat	15	WAS DECEASE	NO US	A FORCES?	16. SOCIAL	Ell	a sn	reth	1000000	
BINDING of inform uses of dea	(Yes	, no or unknown)	(If yes, give war or date		SECURITY N	D. 17. INF	JOHNS	HOPKINS HOSE	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	
FOR B		18. 576 DISEAS	E OR CONDITION			E OF DE				AL BETWEEN AND DEATH
tt th		heart failu	not mean the mode of re, asthenia, etc. It mes complication which	of dying, e. g	e, (A)	RITON	SITIS			
02			ANTECEDENT CAUS			PHREN	sic Abs	cess lef	T	i i ni
RESE INK.	TION	RISE TO T	OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	STATING TH	(B)					******************
MARGIN NFADINC 1ysicians:	IFICA				(C)					•
MARGIN F UNFADING Physicians: p	CERTI	TO THE	NIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSING	RELATED TO	THE					
H	AL C		F OPERATION   1		TION FOR WHICH		ON IF O	PERATION WAS RELATED FOR DEATH, ENTIRE TO PART II		No
ILY, WITH important.	1EDIC	OR CONTRIE	ENT WAS UNDERLY BUTING CAUSE OF	=  about	. PLACE OF INJUR home, farm, factory, street,			OID (If in Baltimore JR?	City, give exact	location)
'/	2	21D TIME ( OF INJURY	Month) (Day) (Year)	(Hour) ;		RRED WHILE	21F. HOW DIE	INJURY OCCUR?		
		22. I hereb	y certify that I at live on Dec 25	tended the	deceased from	comba	11 Pm for	on the causes and	195, that I le	ast saw the
		294 SIGNA		)era		238. ADD	DRESS	INS HOSPITAL	23c. DA   1 Z -	TE SIGNED
PLEASE WR	24 TIC	AA. BURIAL, ON REMOVAL (S	Decify)	1-3	24C. NAME OF CEM	ETERY OR C	REMATORY 2	4D. LOCATION (City,	town, or county)	(State)
PLEA		ATE RECEIVE DCAL REGIST	RAR	S SIGNAT	IRE MILES	25,50	INERAL DIRECT	0101	ADDRES!	Ellen
	=	VS 150	a a	AJON I (	9700	56 /1	12971	. Court	indo	7
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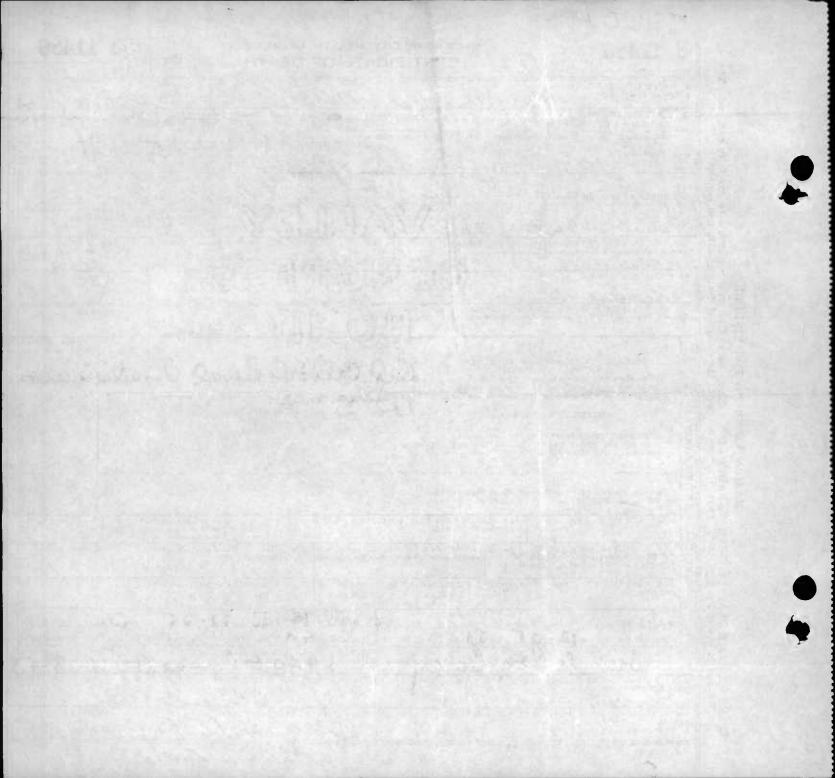
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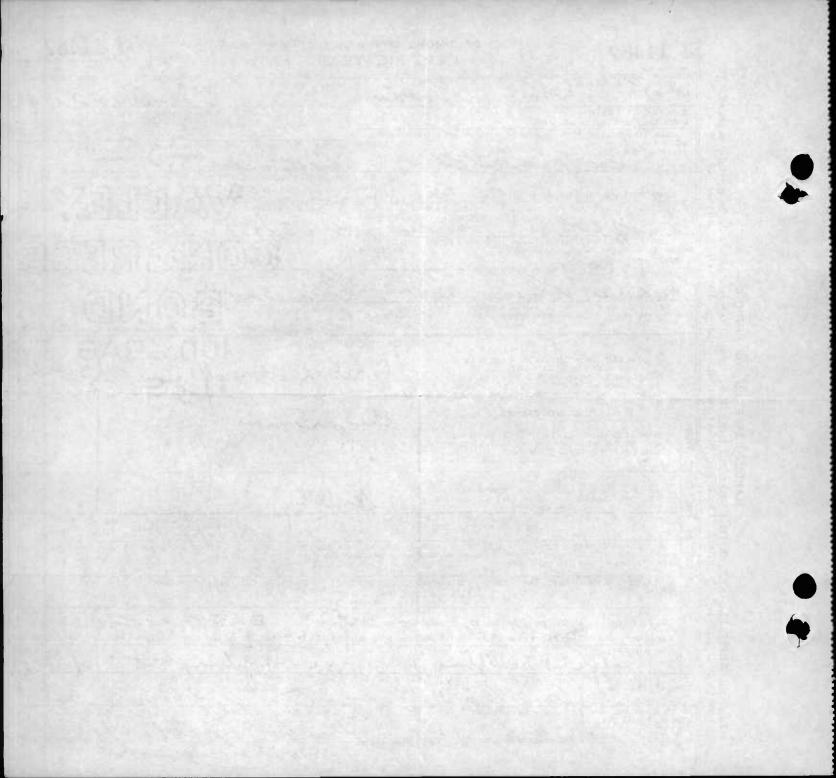
# BALTIMORE CITY HEALTH DEPARTMENT

Registered No.	11486
Registered No.	

В	IRTH NO.			CERTIFICA	TE OF DI	EAIN		
	NAME OF DE	Mar Mar	4 Th	ansed "	march	ell	2. DATE OF DEATH ROLE.	25 1953
	Baltimore C	EATH: ity, Maryland (	1		4. USUAL A. STATE	RESIDENCE (	Where deceased lived. If ins B. COUNTY	titution : residence before admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institu	tion, give street address locati		TOWN .	If outside corn rate limits A	verloRURAL and give township)
1	H)	13118-	tayl	the St	_ Deli	tensore		
	Langth of st	ay in Baltimore	30 -	Yr Mo	os. / 6	E. Fan	f rural, give location)	
	. SEX	6. COLOR OR RACE		MARRIED.	8. DATE OF		9. AGE (In years   Il Und	ler I Year   Il Under 24 Hours
1	temale	Colored	.27	VED, DIVORCED (Spec	march	8 1900	53	ns Days Hours Min.
		CUPATION (Give kind of working life, even if retired)	108. KINI	O OF BUSINESS OR		LACE (State or	foreign country)   12	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S N				14 MOTHE	S'S MAIDEN I	Isly Va.	454
	7, 1	noww			ann	i C	k	
(Y	5. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO	17. INFOR	IANT /	ADD	RESS
-	18. 442	4		CAUS	E OF DEATH		wound	INTERVAL BETWEEN
		E OR CONDITION LEADING TO DEA		nl nl	d. ).	0	0.1 0	
	(This does heart failur	not mean the mode of e, asthenia, etc. It mea	f dying, e.	g. (Ally).	Carrio	· ten	al Vascula	aus of
		eomplication which e		h.) DUE TO	neare			
Z		ANTECEDENT CAUS	ES	(B)				
ATIO	RISE TO TH	OR CONDITIONS, I	STATING T	NG				
IIU	UNDERLY	ING CONDITION LA	ST,	(C)	******************************		, *************************************	
RTIFI	OTHER SIG	II NIFICANT CONDITIONS	CONTRIB	LITING	Paul Taren			
Ш	TO THE	DEATH BUT NOT	RELATED T					
AL C	19A. DATE O		9B. COND VAS PERFO	ITION FOR WHICH	OPERATION	CAUSE	ATION WAS RELATED TO OF DEATH, ENTER IN OR PART II	20. AUTOPSY?
EDIC	OR CONTRIB	NT WAS UNDERLY! UTING CAUSE OF IFY MEDICAL EXAMINE	about	B. PLACE OF INJUR home, farm, factory, street, o			(If in Baltimore City, give	ve exaet location)
2	OF INJURY	Month) (Day) (Year)	(Hour)		RRED 21F	. HOW DID II	YJURY OCCUR?	*
	22. I hereby	v certify that I att	ended the	1	1999	1953, to 1	2.25,1963	that I last saw the
	deceased al	ive on 12.			curved at 4	. m., from	the causes and on the	date stated above.
	23A. SIGNAT		9 2	rry M.D.	23B, ADDRES	ot. C		13.28.
2 T	0/0	REMA- 24B. DATE pecify)	8/2->	24c, NAME of CEM	ETERY OR CREMA	ATORY 240	COCATION (City, town, or	county) (State)
	ATE RECEIVE	BY   REGISTRAR	S SIGNAT	URE	25 FUNER	AL DIRECTOR	A A	DDRES3
_	OCAL REGIST	RAR	4	Williams	The	Soft	1.4. Eller	ow of
	VS 150	TOCH FIRMUS	7	2 (0)	, 112	97.Ca	reline St	



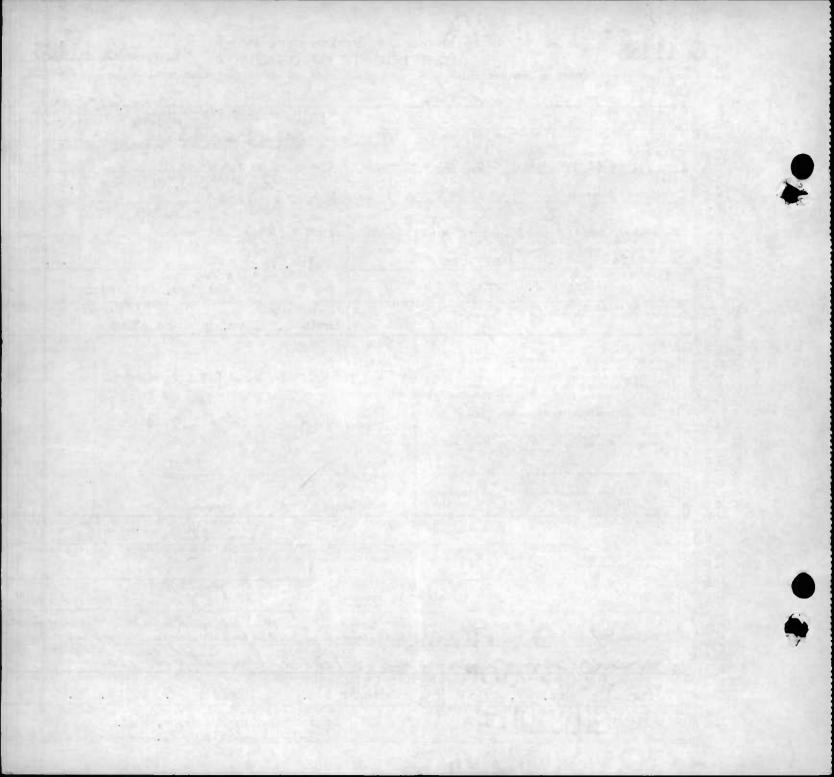
The	3 BIR	11487 TH NO.		BAI	TIMORE CITY HE			53 Registered N	.11487
	1. N (Ty)	NAME OF DEC	EASED Hore	nee	Tetho			OF DEATH OLD	22.1953
carefully supplied.	A. I	LACE OF DEA Baltimore City ULL NAME OF	y, Maryland	ıl or institut	ion, give street address or	4. USUAL RES	DENCE (Where	deceased lived, If i	nstitution : residence before admission)
ully s	HOS	SPITAL OR TITUTION	2 77. Each	lesex	location)	C, CITY OR TOV	VN , (If outsi	de corporate limits	write RORAL and give township)
care	c. I	ength of stay	in Baltimore	25	Yrs. Mos. Days	o. STREET ADD	Eden	give location)	
ld be	5.6	6.	COLOR OR RACE	7. SINGLE	MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIF			Under I Year If Under 24 Hours this Days Hours Min.
RESERVED FOR BINDING INK. Every item of information lease write the causes of death cl	10A work d	. USUAL OCCU	PATION (Give kind of orking life even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or foreign	country)	12, CITIZEN OF WHAT COUNTRY
	13	FATHER'S NAM	ME Alen	1	/	14. MOTHER'S	MAIDEN NAME		
	15. (Yes,	WAS DECEASED	EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17 INFORMANT	an The	AC	DORESS
		(This does no	OR CONDITION EADING TO DEAT to the mode of	H f dying, e. 1	e, (a) Cer	of DEATH	lmonh		INTERVAL BETWEEN ONSET AND DEATH
	CATION	DISEASES O	mplication which c ITECEDENT CAUS R CONDITIONS, IF ABOVE CAUSE (A) G CONDITION LA	ES F ANY, GIVING THE	(B) The	pertuni		0	
MARGIN I UNFADING Physicians:	CERTIFI	TO THE DE	II FICANT CONDITIONS EATH BUT NOT F	RELATED TO		nelity			
Hel .	AL	19A. DATE OF C	0   w	AS PERFO			PART I OR PA		YES NO
	0	OR CONTRIBUT	T WAS UNDERLYI TING□ CAUSE OF MEOICAL EXAMINE	about	D. PLACE OF INJURY ( home, farm, factory, street, office		OCCUR?	Baitimore City,	give exact location)
LAINLY,		210. TIME (Mo OF INJURY	nth) (Day) (Year)	(Hour) m.	2 1E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	W DID INJURY	OCCUR?	· ·
E PL,		22. I hereby of	certify that I att	ended the	deceased from Quand that death occur	7. 20 ,19			, that I last saw the
WRIT e is e		23A. SIONATUI		ull	M. D.	3B. ADDRESS	1. grlma	Steel	12/28/51
PLEASE WRITE P	24/ TIO	A. BURIAL, CHE N. REMOVAL (Spa	fy)	8/3	24 NAME OF CEMETE	RY OR CREMATOR	RY PAO. LOCA	TION (City, town,	or county) (State)
PLE,	DA	TE RECEIVED I	BY REGISTRAR	S SIGNATI	JRE	25. FUNERAL D	DIRECTOR H. 4.90	Vist on	ADDRESS
		VS 150	8		7205A	11297	n. Car	Mich	*



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114	88		

# BALTIMORE CITY HEALTH DEPARTMENT V Paristant N 11488

1 1.	11111	H NO.				E OF DEA				
(7	. N.	AME OF D	ECEASED					1 2. DATE		
		e or Print)	BEATRICE	- 4 0-				OF DEATH /	10.1-	_
3 A B.	. PL	ACE OF D	EATH:	A.FPA	4 ALK	I 4. USUAL RES	SIDENCE (W	here deceased lived.	If institution	n: residence
A.	-		City, Maryland			A. STATE		B. COUNTY		fore admission)
		ILL NAME	OF (If not in hosp	ital or institut	ion, give street address or location)		RYLA	NO	20176	mile
11	NST	NOITUTION				c. CITY OR TO	MM, (II	outside corporate lin	nits, write K	URAL and give   township)
2 4	0	OTH B	ALTIMOM	E.G-EN.	HOSPITAL	BALTI	MORE	MD		
legibly.	3				Yrs. Mos.	D. STREET AD	ornell'	rural, give location) Road . Harew	rood Pk	
le c	. Le	ength of s	tay in Baltimore		Days	p. STREET ADDRESS (If firal, give location) 438 Cornell Road, Harewood Pk.  A+ 14/36x 366				
5 0	. SE	EX	6. COLOR OR RACI	E 7. SINGLE	E. MARRIED. /ED. DIVORCED (Specify)	8. DATE OF BI	RTH	9. AGE (In years last birthday)	If Under I Year Months: Day	If Under 24 Hours
	E	MALIS	whits		AIRO	1-14-19	166	47		
clearly	OA.	USUAL OC	CUPATION (Givokind	of 10B. KIND	OF BUSINESS OR	11. BIRTHPLAC	CE (State or fo		12. CITI	IZEN OF
of death clea		neduring most o	of working life, oven if retire	at hor	INDUSTRY	Dolla 3	6.3		WH	AT COUNTRY?
g 13		ATHER'S N	JAME	1 20 1101	MC .	Balto. 1	MAIDEN NA	ME	1 0.1	. 11.
death			Jesse J.	Perry		Mabel G. Patterson				
g   -							Pici	bel G. racc	erson	
O 11 / Y 4	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				17. INFORMAN			ADDRESS		
es						Louis S.	Pfarr,	husband abo	ve	
ans	1 18	B. ///	v .		CAUSE	OF DEATH				RVAL BETWEEN
DISEASE OR CONDITION DIRECTLY										ET AND DEATH
the	LEADING TO DEATH									
write the	heart fallure, asthenia, etc. It means the disease.								************************	
heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO										
2 11			ANTECEDENT CAL	JSES	20	*	11.	4 h.		
Z						matic	Heart	Dinas		
O.		DISEASES	OR CONDITIONS,	IF ANY, GIVIN	IG (D)	matic	Heart	Dinasi		
ATION		DISEASES		IF ANY, GIVIN	E DUE TO	matic	Hears	Dinasi		
ICATION		DISEASES	OR CONDITIONS,	IF ANY, GIVIN	IG (D)	matic	Heart	Dinasi		
TIFICATION		DISEASES RISE TO T UNDERLY	5 OR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION I	IF ANY, GIVIN ) STATING TH LAST.	(C)			•		
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rrect age is especially important. Physicians:	2 0 D 2 d d 2 d 2 d A A A I I O N A T	OTHER SIGNATE OF THE CONTRIBUTION OF THE CONTR	II INIFICANT CONDITION IN THE ABOVE CAUSE (A VING CONDITION IN THE INITION IN THE INITIAL IN THE INITION IN THE INITION IN THE INITION IN THE INITIAL INITIAL IN THE INITIAL IN THE INITIAL IN THE INITIAL IN THE INITIA	IF ANY, GIVIN (1) STATING THE ASS CONTRIBLE RELATED TO RELATED TO RIFT. 198. CONDI WAS PERFO  YING 2:8 about TO (Hour) TO THE	TING OTHE PRESE TION FOR WHICH OF RMED  PLACE OF INJURY (bome, farm, factory, street, office while AT WORK AT	PERATION  (e. g., ln or 21c. White per 21f. He la	ow DID INJ  ORY 24D. LO  Bela  DIRECTOR  Funera	TION WAS RELATED F DEATH. ENTER PART II (If in Baltlmore Cir.)  URY OCCUR?  Let Causes and on the causes are caused as a cause and the cause are caused as a cause and the cause are caused as a cause are caused as a cause and the cause are caused as a caus	TO 20. IN YES ty, give example the date of	last saw the stated above.  OATE SIGNED  (State)



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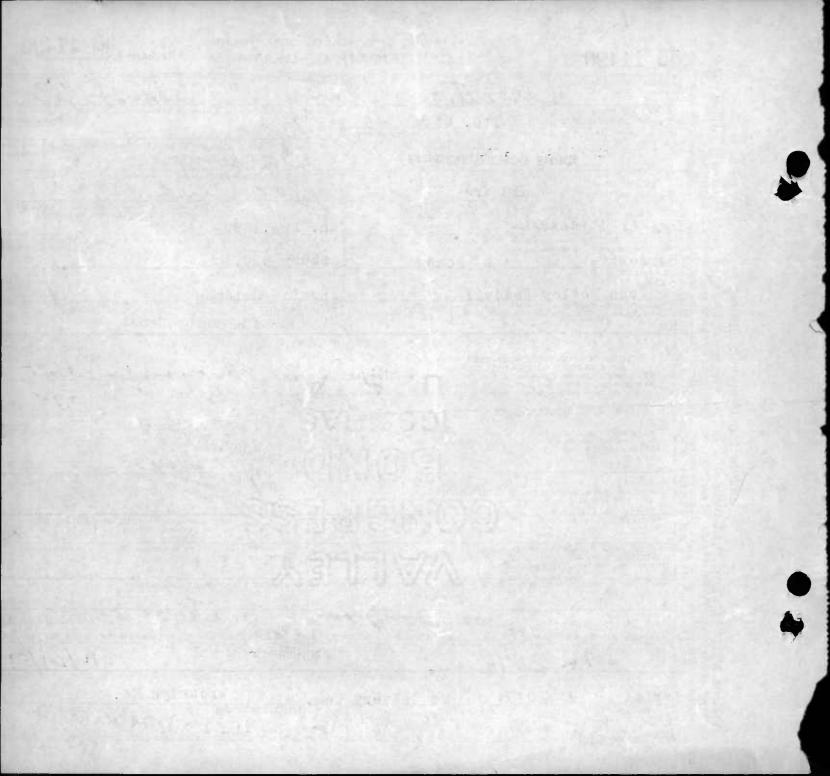
3	11489		BAI		EALTH DEPARTMENT	Registered	O TT403
В	IRTH NO.			CERTIFICAT	E OF DEATH	registered	
	NAME OF E	ECEASED	FRANK	JAMES KLIMA		of Death	. 27, 1953
A.	Baltimore	City, Maryland	930 Yol	ando Rd.	4. USUAL RESIDENCE (V	Where deceased lived.  B. COUNTY	If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	tion, give street address or location)		outside corporate un	nits, write RURAL and give township)
-	- A - A		2014	Yrs.	D. STREET ADDRESS (If		
c.	Length of s	tay in Baltimore	li	fe Mos. Days	3930	Yolando Roa	d
5.	male male	6.COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 31, 1889	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min.
10 wor	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
	b-forema		Gas &	Elec. Co.	Baltimore, Md.	A145	U.S.
	. PAINER O		Klima		14. MOTHER'S MAIDEN N	Barbara Von	ndracek
15	. WAS DECEAS	ED EVER IN U.S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	Darbara VOI.	ADDRESS
(10	s, no or unknown)	(If yes, give war or date	ol Bervice)	212-05-5862	Mrs. Agnes Stoff	fregen, dght	, above
ERTIFICATION	heart failt injury or DISEASE RISE TO 1 UNDERL'	LEADING TO DEAT is not mean the mode of the, asthenia, ctc. It mean complication which of ANTECEDENT CAUSE SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	f dying, e.; ns the discass aused death ES F ANY, GIVIN STATING TI	NG DUE TO	ertensive (	mortha Cardio- sease	1.6
CE	TRIBUTING	TO THE GEATH, BUT ISEASE OR CONDITION	NOT RELATE	ED			
۲	19A. DATE C	F OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL		PENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		If in Baltimore City	, give exact location)
Σ	2 1D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR. WHILE AT WORK AT WORK		Y OCCUR?	
			ended the	deceased from and that death occur	red at 8 pm., from t	he causes and on	
	23A SIGNA	livin H.	Fus	ting M. D. 4	38. ADDRESS howe	Blod	23c. DATE SIGNED
Z. Ti	4A. BURIAL. ON REMOVAL (S Buria	CREMA- 248. DATE Dec. 31,		24c. NAME OF CEMETE Holy Redeemel	Cemetery Balt	ocation (City, towing imore, Md.	
	ATE RECEIVE		SIGNATU	Walkaus to	25. FUNERAL DIRECTOR Schimunek Funer 2601-3-5.E. Mad	al Home, Indison St.	ADDRESS
	VS 150		67	52	-35E		

PLEASE WRY correct age is

# THE RESERVE

	(	4) 9,36				1 4 4 4 0 -		
	7	3 11/90		E OF DEATH	Registered No.	11490		
The	BI	RTH NO. 1400			12. DATE			
	(T	ype or Print)	atra Co	uter	DEALUCE 24	-1953		
should be carefully supplied. sarly and legibly.	3.	PLACE OF DEATH: Baltimore City. Maryland Balt	o. City	4. USUAL RESIDENCE (W	here deceased lived, if ins	titution: residence before admission		
	В.		nstitution, give street address or location)		outside corporate limits, v	write Rand giv		
	IN	JOHNS HOPKIN	IS HOSPITAL	Daster	nore	township		
	1		Yrs. Mos.	D. STREET ADDRESS	rural give location	At.		
		Length of stay in Baltimore 10 Y	TS Days	8. DATE OF BIRTH		der 1 Year   II Under 24 Hours		
lld l	Ve	male (sloved "	VIDOWED, DIVORCED (Specify)	Jan. 2nd.1899	last birthday) Month	hs Days Hours Min.		
BINDING  of information uses of death cle	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	2. CITIZEN OF WHAT COUNTRY		
		Housewife A	t Home	Asbury N.C. U.S.A.				
		John Wesley Wadde	11					
	15 (Ye)	WAS DECEASED EVER IN U. S. ARMED FOR s, no or unknown) (If yes, give war or dates of ser	CES?   16. SOCIAL	Roxie Smidma		DRESS		
		No	SECORITI NO.	JOHNS HOPKI	NS HOSPITAL			
		18. 442X		OF DEATH		ONSET AND DEATH		
FO it he		DISEASE OR CONDITION DIRE  LEADING TO DEATH  (This does not mean the mode of dy):	Lu. A.	Lensine arthu	onlesotic	atlant		
Every write t		heart failure, asthenia, etc. It means the injury or complication which caused	disease,	ardrovasala	renal	3 413		
05		ANTECEDENT CAUSES	d	liseare	21			
RESEI INK.	HOL	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT	(B) GIVING TING THE DUE TO	A 10-	DENONED RI			
	CAT	UNDERLYING CONDITION LAST.	(C)	CRIFICATION	- / M.D.			
MARGIN UNFADING Physicians:	E	II		CERTIFICATION	ANNINER.			
MAI NFA	ERTI	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELAT	TIMEDITING	- VI ASST. N	TION WAS RELATED TO			
	U		CONDITION FOR WHICH O	PERATION   IF DPERA	TION WAS RELATED TD	20. AUTOPSY?		
WITH rtant.	CAL		PERFORMED		OF DEATH, ENTER IN	YES NO		
6	EDI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	about home, farm, factory, street, office	e bldg., etc.) INJURY OCCUR?	ir in Eatomore City, gi	ve exact location)		
PLAINLY,	Σ	21D TIME (Month) (Day) (Year) (Hou			URY OCCUR?			
PLAIN scially			m. WHILE AT NOT WHI	RK	Dec 26 53			
		deceased alive on 19		ce 24 195, to L	he eauses and on the	That I last saw th		
PLEASE WRITE correct age is est		23A. SIGNATURE		23B APPRESSIOPKINS H	OSPITAL	23C. DATE SIGNED		
E W	2	4A. BURIAL, CREMA- 24B. DATE	1 24C, NAME OF CEMETI	ERY OR CREMATORY   24D. L	OCATION (City, town, or	r county) (State)		
ASE ct a	TI	ON, REMOVAL (Specify) Burial 12/29/53	Mt Calvery	R	ooklyn Md.			
PLEAS	D	ATE RECEIVED BY REGISTRAR'S SIN		25 FUNERAL DIRECTOR	- InsBa	ultur		
H 0	1	JEC 28393 1 3 June 10 200	W Y YORKA BUSINESS IN	any 6 1 Wha	n.2 (	110		
		VS 150		V				

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RESERVED

4420 milite ave, 2921 & Frederik St.

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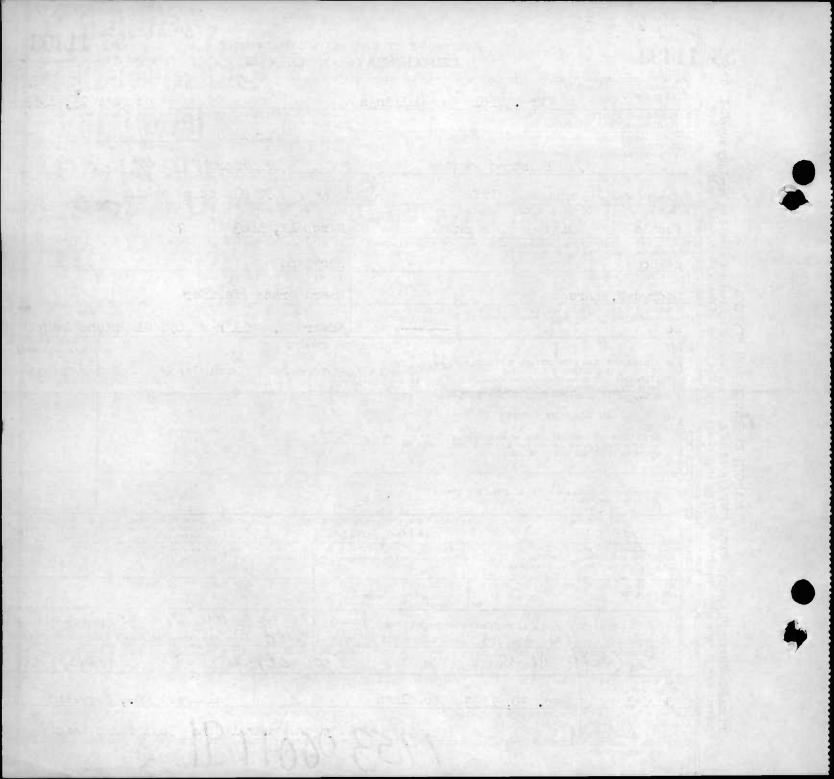
## BALTIMORE CITY HEALTH DEPARTMENT

53	11493	
Registered No		

	TH NO.			CERTIFICATE	OF DEA	IH	registereu	110	
	AME OF DE	CEASED					2. DATE		
(Tyr	pe or Print)		Viola	May Cullings			OF DEATH Decei		
	LACE OF DE	EATH: ity, Maryland			4. USUAL RESI A. STATE	DENCE (W	here deceased lived. B. COUNTY		ion: residence before admission)
		OF (If not in hospit	al or institut	tion, give street address or		ryland			5
INS	FITAL OR			location)	C. CITY OR TOW	/N (If a	outside corporate lin	liter write	RURAL and give township)
1		692 Gladst	one Ave	enue	Baltimore				
				Yrs.			ural, give location)		
c. I	ength of st	ay in Baltimore	Life	Mos. Days	69	2 Glads	stone Avenue	9	
5. S	EX	6, COLOR OR RACE	7. SINGL	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIR	TH	9. AGE (In years	If Under 1 Ye	ays Hours Min.
	emale	White	Mar	ried	March 12,		70		
10A.	One during most o	CUPATION (Give kind of f working life, even if retired)	108. KINI	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or for	reign country)		TIZEN OF HAT COUNTRY?
	At Home				Maryland				SA
13.	FATHER'S N	AME			14. MOTHER'S N	ALDEN NA	ME		
	eorge M.			Clara Grac	e Pfeif	fer			
15. (Yes.	WAS DECEASE	D EVER IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	S
N					Edward A.	Culling	s 692 Gla	dstone	e Avenue
	18. /7/	(		CAUSE	OF DEATH				TERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY	achero Carci		Carl	MAL.		111000
	(This does	not mean the mode of	TH of dying, e.:	E., (A)	Momo	au	5-04		year
	heart failu	re, asthenia, etc. It mes complication which	ins the diseas	se,					V
		ANTECEDENT CAUS	ere						
7		ANIECEDENI CAU	DES	(P)					
ō		OR CONDITIONS,		NG WIT	tostosis		***************************************	1	**************************
ERTIFICATION	UNDERLY	HE ABOVE CAUSE (A) ING CONDITION LA	STATING T	HE OUE TO	0-2-00-00,				
<u> </u>    <u> </u>				(C)					
HH		11							
2	OTHER SIG	NIFICANT CONDITIONS DEATH BUT NOT	CONTRIBI	UTING O THE					
10 -	DISEASE O	R CONDITION CAUSING	S IT.	***********************					
	19A. DATE O	FOPERATION 1	9B. COND VAS PERFO	TION FOR WHICH OF	in	CAUSE OF	OEATH, ENTER		AUTOPSY?
10 -	21A. ACCIDE	I				PART I OF			
III   I	OR CONTRIE	SUTING CAUSE OF	about	B. PLACE OF INJURY (a home, farm, factory, street, office	bldg.,etc.) INJURY	OCCUR?			
		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	21F. HO	W DID INJ	URY OCCUR?		
	YAULNI TO	J	m.	WHILE AT NOT WHILE WORK AT WORK					
	22. I hereby certify that I attended the deceased from Jan 1935, 19, to lec 27, 1953, that I last saw the								I last saw the
	deceased al	ive on blec 26	2, 1953.	and that death occur	red at 75/1	m., from th	re eauses and on	the dat	e stated above.
	23A SIGNA	UREVU	stimi	er h	38. ADDRESS 2706 SX	paul	est	230.	PATE SIGNED
24/	A. BURIAL, O			24c NAME OF CEMETE				vn, or cour	nty) (State)
TIOI									
DA	Burial	Dec. 30	S SICNATI		25. FUNERAL D	IRECTOR	Ltimore Co.	ADDE	RESS
	AL REGIST	RAR	Jona	APAGA EST			ne 3631 F		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11494

BIRTH N	10.			CERTII ICATI	L OI DEA				- 10 1
1. NAME (Type or			Manage	A D Cabiacura	h7		2. DATE OF 2/	200	10-2
3. PLACE		ATH:	Margare	et R. Schieswo		SIDENCE (W	OF DEATH 26	d. If institution	: residence
A. Baltir	more U	ity, Maryland	al or institut	ion, give street address or		arvland	B. COUNTY	Der	lore admission)
HOSPITA	L OR	Jenkins Me		location)	C. CITY OR TO	e/	outside corporate	mits. write 18	JRAL and give
INSTITU	TION			20110		altimor			township)
1+11		1000 S. Ca	ROII AVE					2400	
		ay in Baltimore	60 yea	Yrs. Mos. Days			rural, give location at on Avenu		
5. SEX		6. COLOR OR RACE	7. SINGLE	E, MARRIED.	8. DATE OF BI	RTH	9. AGE (In years	Months Days	H Under 24 Hours
Fem		White		(ED, DIVORCED (Specify)	Nov. 11, 1		80	Months: Days	Hours Min.
work dooe dur	Home	UPATION (Give kind of working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	Pennsylv		reign country)	12. CITI	SCAUNTRY
13. FATH	ER'S N	AME			14. MOTHER'S	MAIDEN NA	AME		
		Schieswohl			Elizabet	h Huppm	an		
15. WAS I	DECEASE	EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS	
No		(11 ) (1)	, vi v. 1, cc)	SECURITINO.	John H. S	chieswo	hl 8724	115 Stre	eet
DI DI RIE UI	art failur jury or  SEASES SE TO TH NDERLY  THER SI	not mean the mode e, asthenia, etc. It mer complication which antecedent CAU OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L IIIGNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	ans the diseas caused death SES  IF ANY, GIVIN STATING THAST.  ITIONS COLUMN TELATION TELATIO	(B)  (B)  (C)  (C)	1	Hes	t Fil	2	
				FINDINGS OF OPER	ATION			20.	AUTOPSY?
								YES	No [
	ACCIDE	NT. SUICIDE, (Specify)	21B. PL/about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	or 21c. WHER ttc.) INJURY OC	E DID (1 CUR?	f in Baltimore Ci		
21D.		Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW I	NAUCHI DID	OCCUR?		
OF II	NJURY			WHILE AT NOT WHILE					
			m.	WORK AT WORK	0 1	57 72	20.26	. 5 2	_
22. I	hereby	certify that I at	tended the	deceased from	7 11.5	33 ), to	e:26,1	93 3 that I	last saw the
			_, 1955,	and that death occur		m., from th	he causes and o		The second second second
23A.	SIGNAT	renel	Och	206 40 2	Ja. Oc	nes'	Honrite	1 00	Per. 53
24A. BU	RIAL, C	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATO	RY   240. LO	OCATION (City, to		
Buri	IOVAL (SI	Dec. 29		New Cathedra			more, Mary	land	
DATE RE	ECEIVED	BY   REGISTRAR		JRE/II	25. FUNERAL I	DIRECTOR		ADDRES	SS
DE	REGISTE	PAR Timela	" show	Valuation "	Burgee/ I		Home 363	l Falls	Road
Vs	150		East .		KN	A11. 4	Dural	e	

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	14-760	DALTIMODE CITY III	CALTIL DEDARTMENT		0 44400			
5	2 11/195		EALTH DEPARTMENT E OF DEATH	Register	3 11495			
出出	RTH NO.	CERTIFICAT	E OF DEATH	8				
	NAME OF DECEASED  Type or Print)  M///e Y	Julia F	RANCES	2. DATE OF DEATH	12/28/5.	3		
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased live				
В.	FULL NAME OF (If not in hospital or ins	titution, give street address or location)	Maryle	m	12-110			
11	Istitution Franklin Sq	ware Haspetal	c. CITY OR TOWN	Loutside corporate	imits, write RURAL and towns			
-	Ý	Yrs. Mos.	D. STREET ADDRESS (1)	dural, give location	n)			
11===	Length of stay in Baltimore	Days	3630 (	stillen				
٥		GLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9/16/1881	9. AGE (In year last birthday)	rs If Under 1 Year If Under 24 Months Days Hours 1	Min.		
	k dane during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF	TRY		
15	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	MANIN			
	Martin Wio	German	Lusai	v Mu	lluisaux			
1: (Ye	(If yes, give war or dates of service)	S? 16. SOCIAL SECURITY NO.	Mrs. Mulared M. &	Gladding	1523000 1000)	P		
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the cinjury or complication which caused	TLY Lo	of DEATH bar Presser	omia/	INTERVAL BETV ONSET AND DI			
7	ANTECEDENT CAUSES Diabetes Mellitus							
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	GIVING				0		
101		Blee	eding bluode	val ula	24			
ERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RI					*****		
U	19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	RATION		20. AUTOPS	Y ?		
AL					YES NO	, [		
EDIC	21A. ACCIDENT, SUICIDE, 21B HOMICIDE (Specify) about	PLACE OF INJURY (e. g., inme, farm, factory, street, office bldg.	in nr 21C. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore C	ity, give exact location)			
Σ	21b. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		Y OCCUR?				
	22. I hereby certify that I attended		2/23 , 1953 to	19/28/	10.50 that I last east	1 + h		
	deceased alive on 12/28/, 19	2						
	23A. SIGNATURE Jabroun Esp		Faux Più	Squae Ha	23c. DATE SIGN			
2 TI	AA. BURIAL, CREMA- ON BEMOVAL (Specify)	NAME OF CEMETE	ERY OR CREMATORY 144. L	MANUAL THUN	Maryland	ute)		
LDL	ATE RECEIVED BY REGISTRAR'S SIGN	MAIN MARKET	28 FUNERAL DIRECTOR	unal Dum	ADDRESS 1	C		
=	VS 150	- KASTANDAL A	and the said	110/10/16	will jan ja	SIAL.		
	13 130		Nota	ce 7.120	riger			

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### BALTIMORE CITY HEALTH DEPARTMENT

3 1149	6	BAL	CERTIFIC	CATI	E OF DE	ATH	Registere	d 2987	11496
BIRTH NO.									
1. NAME OF (Type or Print)		Edward	Sewell						26, 1953
3. PLACE OF	City, Maryland				4. USUAL RE	SIDENCE (	Where deceased lived B. COUNTY	. If instit	ution : residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit: Aged Women	and Ag	ed Men's		c. CITY OR TO	aryland	f outside corporate li	mits, wri	
70	1400 W. Le	clugton	prieer						
	stay in Baltimore	60 yea	rs	Yrs. Mos. Days	1	400 W.	rural, give location Lexington S	treet	
5. SEX Male	6.COLOR OR RACE	7. SINGLE WIDOW Wido	E, MARRIED. PED, DIVORCED WOT	(Specify)	B. DATE OF B		9. AGE (In years last birthday)	it Under Months	Days Hours Min.
	CCUPATION (Give kind of t of working life, even if retired)		of Business	OR	11. BIRTHPLA Marylan		foreign country)		CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S	NAME				14. MOTHER'S	MAIDEN N	IAME		
Nathan	T. Sewell				Susan H	lickey			
15. WAS DECEA: (Yes, no or unknown	SED EVER IN U.S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY	Y NO.	17. INFORMAL Mrs. Mabe		rman 1511	ADDR	ess ridge Road
DISEASI RISE TO UNDERL U  OTHER S TO THE	LEADING TO DEAT se not mean the mode of lure, asthenia, etc. It mean r complication which of ANTECEDENT CAUSE ES OR CONDITIONS, II THE ABOVE CAUSE (A) LYING CONDITION LA  IGNIFICANT CONDITIONS E DEATH BUT NOT ION CONDITION CAUSING	f dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH ST.  CONTRIBL RELATED TO	(B)		nay Ils noclenter nay insup	Heart	essime cut	ί	
19A. DATE		98. CONDI /AS PERFO	TION FOR WH RMED	IICH OF	PERATION	CAUSE	ATION WAS RELATE OF DEATH, ENTER OR PART II	RIN	YES NO
OR CONTR	DENT WAS UNDERLY! IBUTING CAUSE OF OTIFY MEDICAL EXAMINE	about	. PLACE OF IN. home, farm, factory, at				(If in Baltimore C	ity, give	exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) :	WHILE AT WORK	NOT WHII	E	OW DID IN	JURY OCCUR?		
22. I here deceased	by certify that I attalive on flicents 2	Y, 19 53.	and that deat	h oecur	red at 6.15	250, to, from	Occeptor 26, 1	n the de	at I last saw the ate stated above.
11/	enland Edi	would	Vay	и. р.	4-8-33	AST	Balts/8	16	cutu28,1953
24A. BURIAL, TION, REMOVAL Burial	CREMA-1 24B. DATE			CEMETE	RY OR CREMAT		LOCATION (City, to Baltimore Ma		
DATE RECEIV	ED BY   REGISTRAR			a Chilo De	25. FUNERAL		GTOTHOLE Ma		DRESS
LOCAL REGIS	8 195 Hunta	Jan.	Validable	, King	~ ~ ~ /		Home 3631	Falls	Road
VS 150		U	70	100	PFHORAL	il F. K	Durgee		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Ur. Newland E. Clay
4 6. 33 rdfl Ber-1790

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be carefully	se write the causes of death clearly and legibly.
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information	s of death
ry item of	the cause
Ever	write
INK.	please
UNFADING INK. Every item of informat	important. Physicians: please write the causes of death clearly and legibly.
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NLY.	imp

### BALTIMORE CITY HEALTH DEPARTMENT

	53	11	AOM
Registered	No		43/

fl	NA - (	20						- William	2 20
1	41/197	7.7		LTIMORE CITY HE				53	11497
81	ILL40/			CERTIFICATE	E OF DEA	TH	Registered	No.	1.407
1.	NAME OF DI						2. DATE OF -		
	PLACE OF DI	FATH:	artin, C	DEATH December 27, 1953					
Α.	Baltimore C	City, Maryland			A. STATE B. COUNTY before admission)				
B.	FULL NAME ( OSPITAL OR JEXNOVIXION)	OF (II hot in nespi	tal or institut	tion, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
1	-1	Sf	t. Joser	oh's		7 Valle		5 to	township)
	7			Yrs. Mos.	o. STREET ADD	RESS (If ru	iral, give location)		
1	Length of st	tay in Baltimore 6.COLOR OR RACE	7. SINGL	Days Days	8. DATE OF BIR	RTH T	9. AGE (In years)	li Under 1	Year   N Under 24 Hours
	Male	Mhite	WIDOW	VED, DIVORCED (Specify)	1106	e173	last birthday) M	Ionths I	Days Hours Min.
	A. USUAL OC		I IOB. KIND	D OF BUSINESS OR	11. BIRTHPLACE	-	eign country)		ITIZEN OF
		of working life, even if retired		INDUSTRY	SET I	Balti	more	V	VHAT COUNTRY?
13	FATHER'S N				14. MOTHER'S		ME .		
15	TWEN-	martin			Vergm	ب لب	) oble		
(Ye	s, no or unknown)	ED EVER IN U. S. ARME (If yes, give wer or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFOUMANT	1-4	P	ADDRES	SS
-	18. 11 6			CAUSE	OF DEATH	1	~ '		TERVAL BETWEEN
	420	SE OR CONDITION			OF BEATT				NSET AND OEATH
	(This does	LEADING TO DEA	ATH of dying, e. g	g., (A)Pulmon	nary emboli	sm			••••
		re, asthenia, etc. It med complication which							
		ANTECEDENT CAU	SES				2.		
NO		S OR CONDITIONS,		NG	iosclerosis	, genera	ilized		
ATI		HE ABOVE CAUSE (A)							
FIC.				(C)					
RTIFICATION		II					extremity	834	
CEF	DISEASE O	R CONDITION CAUSIN	IG IT.	Gangre			tic, left l	-	
L	19A. DATE O		198. CONDI WAS PERFO	ITION FOR WHICH OF	PERATION	CAUSE OF	ON WAS RELATED	IN	O. AUTOPSY?
EDICA		ENT WAS UNDERLY		B. PLACE OF INJURY (					
		BUTING CAUSE O		home, farm, factory, street, office l	bldg.,etc.) INJURY	occur?			
Σ	210. TIME (	Month) (Day) (Year	) (Hour)	21E. INJURY OCCURRE		N DID INJU	IRY OCCUR?		
	Or moon.		m.	WHILE AT NOT WHILE AT WORK					
				deceased from Dece					
			7_, 1953_,	and that death occur		m., from the	e causes and on	the day	te stated above.
	23A. SIGNAT	TURE	200	224	1400 N. Ca	roline	O.L	230	C. 27 153
2	4A. BURIAL.	CREMA- 248. DATE		M. O.   24C. NAME OF CEMETE			CATION (City, town	n, or cou	
TI	Ruce (S	peeify)	21953	Cath	udral	6	Ballin	ore	>
	ATE RECEIVE	DAD	S S GNATI	TREIT SILLA- NUM	25. FUNERAL D	RECTOR	90	ADD	RESS
	DEC O RA	3 55 Miles	4	ATTENDED &	Swa W.	redefil	ld gooto. V.	Jedd	lle SV
	VS 150	1000			1 . 55				

NAME
ADDRESS
DATE

G-656

# BALTIMORE CITY HEALTH DEPARTMENT | STATE | 11498 | Registered No. | 11498

	BI	RTH NO.			OLICINI IOM	L O. DEAT					
The	1.	NAME OF D						2. DATE			
d.	(T)	ype or Print)	JOH	N GRINE	R	OF Dec. 28,1953					
supplied.		PLACE OF D				4. USUAL RESID	DENCE (W	here deceased lived	l. If instit	ution : residence	
Idi	a. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service location) INSTITUTION HOSPITAL Wyman Pk. Trive & 31st street					A. STATE Mai	ryland	B. COUNTY	· 1	before admission)	
113						Shady Side township					
ly.		Wyman Pk	. Trive & 31s	tstree		D. STREET ADDRESS (If rural, give location)					
carefully egibly.	1	7		? 42 0	Yrs. Mos.	D. STREET ADDRESS (II Fural, give location)					
	and conversable	the state of the s	tay in Baltimore		Days						
pe pu ]	5.	SEX	6. COLOR OR RACE	7. SINGLE	., MARRIED. ED_DIVORCED (Snecify	B. DATE OF BIRT	ГН	9. AGE (In year last birthday)	Months:		
		M	W	7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) WIDOWET		2/14/72		81.			
NG rmation shoul death clearly	10	A. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11. BIRTHPLACE	(State or fo	oreign country)	12.	CITIZEN OF	
	P	ainter-F	of working life, even if retired) ISHETMAN		INDUSTRY	Mary:	land		4	USA	
n c		. FATHER'S				14. MOTHER'S M		AME			
nat						Sophie				1/	
Nep	1.5		Griner		16. SOCIAL		Dava	•			
NDING information s of death cl	(Ye	s, no or unknown)	17. INFORMANT	_ ~		ADDRI					
R BINDING em of inform causes of des		No			Yes-?	Records- U	S PHS	Hospital,			
F	18. 20011 CAUSE OF DEATH									NTERVAL BETWEEN	
FOR item			SE OR CONDITION	DIRECTLY							
E in	(This does not mean the mode of dying, e.g., (A) Bronchopneumonia, bilateral Recent									Recent	
te d		heart failt	re, asthenia, etc. It mea	ns the diseas	е,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Every ite		injury or	complication which c	auseu death	.) DUE TO						
PG -		ANTECEDENT CAUSES									
NK	Z	(B) Lymphesareoma, abdominal, lymph nedes Unknown									
RE Dela	T	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO SENERALIZED. UNDERLYING CONDITION LAST.									
Z Z ::	A	UNDERL	TING CONDITION LA	IST.	(C)			*******************************		***************************************	
MARGIN RESERVED UNFADING INK. Ever Physicians: please write	RTIFICATION	-	11						J		
A.R.	E	OTHER SIG	e - left femoral neck, healing 2 months								
M N N	Ш	TO THE									
E E	Ü	Department of the last of the	F OPERATION 1	9B. CONDI	TION FOR WHICH O	PERATION		TION WAS RELATE		20. AUTOPSY?	
t H	1		V	VAS PERFO	RMED			OF DEATH, ENTE	RIN	YES X NO	
WITH rtant.	EDICAL		ENT WAS UNDERLY		PLACE OF INJURY		ERE DID	(If in Baltimore (	ity, give	exact location)	
Ft	ō		BUTING CAUSE OF		nome, farm, factory, street, offic	bldg.,etc.) INJURY	OCCUR?				
0	N						u DID IN	URY OCCUR?			
0			(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE	ED   21F. HOV	A DID IM	JUNT OCCURT			
ILY,		OF INJURY			WHILE AT NOT WH						
ILY,		OF INJURY	•	m.	WHILE AT NOT WH	LECT					
ILY,			na centify that I at		WORK L. AT WO	LE .	3 to D	ec. 28 1	953 th	at I last saw the	
PLAINLY, ecially impo		22. I herel	by certify that I at	tended, the	deceased from 1	Tov.17 , 195	3, to D	ec. 28 , 1	953, th	at I last saw the	
PLAINLY, ecially impo		22. I herel	live on Dec. 28	tended, the	deceased from	Nov.17 , 15 rred at 11:15An	3, to D	ec. 28, 1	m the d	at I last saw the ate stated above.	
RITE PLAINLY, is especially impo		22. I herel deceased a 23A. SIGNA	TURE MANUEL	tended the	deceased from	Tov.17, 15 rred at 11:15An 23B. ADDRESS	n., from t	he causes and	n the d	ate stated above.	
WRITE PLAINLY,	2	22. I herel deceased a 23A. SIGNA James A.	Hunter, Cli	tended the	deceased from de	Nov.17, 15 rred atll:15An 23B. ADDRESS US PHS HOS	n., from t	he causes and	n the d	ate stated above.  DE. DATE SIGNED  12/28/53	
E WRITE PLAINLY, age is especially impo	2.	22. I herel deceased a 23A. SIGNA	Hunter, Cli	tended the	deceased from	Nov.17, 15 rred atll:15An 23B. ADDRESS US PHS HOS	n., from t	he causes and o	n the d	ate stated above.  DE. DATE SIGNED  12/28/53	
E WRITE PLAINLY, age is especially impo		22. I herel deceased a 23a. SIGNA James A 4a. BURIAL. ON. REMOVAL	Hunter Cli	tended the	deceased from many that death occurrence m. D.  24c. NAME OF CEMET	NOV.17, 15 rred at 11:15Am 23B. ADDRESS US PHS HOS ERY OR CREMATOR	pital,	he causes and o	own, or co	ate stated above. C. DATE SIGNED L2/28/53 Dunt (State)	
E WRITE PLAINLY, age is especially impo	D	22. I hered deceased a 23a. SIGNA James A 4a. BURIAL. ON, REMOVAL	Hunter Cli CAEMA 24B. DATE Specify Dec 30  BY REGISTRAR	tended the	deceased from de	Nov.17, 15 rred atll:15An 23B. ADDRESS US PHS HOS	pital,	he causes and o	own, or co	ate stated above.  3c. DATE SIGNED  12/28/53  DUINT (State)	
WRITE PLAINLY,	D	22. I herel deceased a 23a. SIGNA James A 4a. BURIAL. ON. REMOVAL	Hunter Cli CAEMA 24B. DATE Specify Dec 30  BY REGISTRAR	tended the	deceased from many that death occurrence m. D.  24c. NAME OF CEMET	NOV.17, 15 rred at 11:15Am 23B. ADDRESS US PHS HOS ERY OR CREMATOR	pital,	he causes and o	own, or co	ate stated above. C. DATE SIGNED L2/28/53 Dunt (State)	

BOOK WAR TO STREET HOUSE NO. domen a last fills, where sammones and a series Lindbaums in Anderson, Spirit in the second of the second ESTANCE THE CHOICE POOR CONTRACT TO SERVICE TO SERVICE

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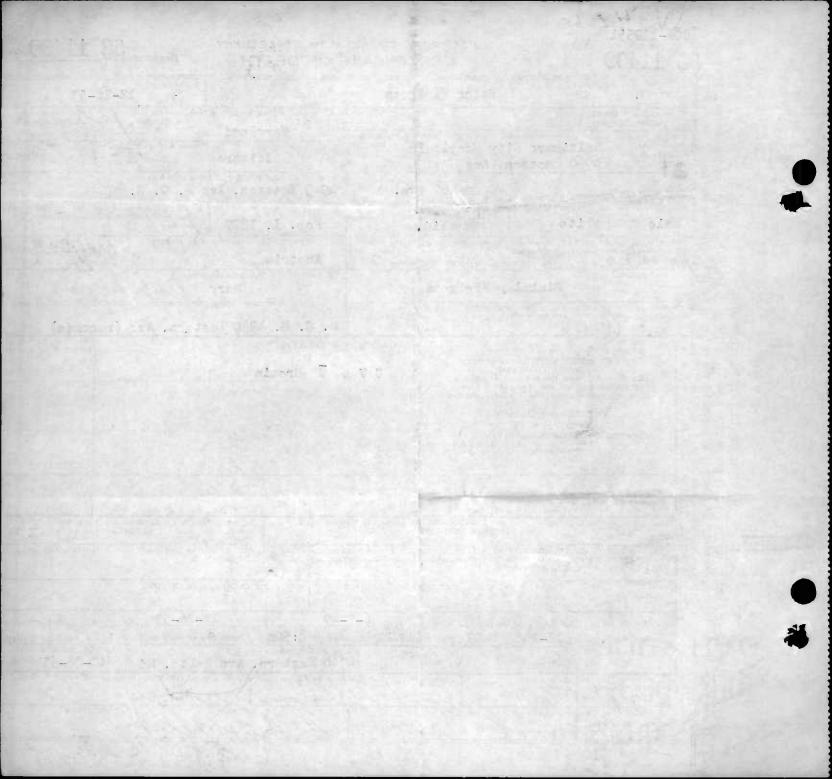
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 11499

Gest now Market and

	RIFI NO.				TE OF DEA	• • • • • • • • • • • • • • • • • • • •		tered Nó.	
(T	NAME OF C ype or Print)	ECEASED	Peter	Wielgosz			2. DATE OF DEATH	12-26	5-53
A.	PLACE OF E Baltimore	City, Maryland			A. STATE	rland	here deceased .		titution : residence before admissio
HC	FULL NAME DSPITAL OR STITUTION	Baltimore Ci 4940 Eastern	ty Hos		c. CITY OR TO		outside corpora	ate limits, v	write RURAL and gi
c.	Length of	stay in Baltimore		67 yrs. Mos. Days	4940 East	ern, Av			
	sex lale	6. COLOR OR RACE	7. SINGLE WIDOW	E. MARRIED. VED. DIVORCED (Specif	s. Date of Bir		9. AGE (In y	lay) Month	der I Year hs Days Hours Min
19	A) USUAL OCH MONE WORLD	CCUPATION (Give kind of of working life, weg if retired)	Owy	OF BUSINESS OR INDUSTR	11. BIRTHPLAC		réign country)	2	WHAT COUNTR
13	. FATHER'S	NAME Miakola	y Wiel	gosz	14. MOTHER'S	MAIDEN NA	(dow)	ter	ion)
15 (Ye	. WAS DECEAS s, no or unknown	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	B. C. H.		stern, A		ecords)
			aused death	.) DUE TO					
FICA	RISE TO UNDERL	ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	ES F ANY, GIVIN STATING TH	(B) NG HE DUE TO (C)					
CERTIFIC.	OTHER SI	S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA:  II GNIFICANT CONDITIONS DEATH BUT NOT FOR CONDITION CAUSING DF OPERATION A 15	ES FANY, GIVIN STATING TH ST. CONTRIBU	(B)	- OPERATION	CAUSE OF	ION WAS REI		20. AUTOPSY?
ERTIFICA	OTHER SI TO THE DISEASE 19A. DATE OR CONTRI	S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA:  II GNIFICANT CONDITIONS DEATH BUT NOT FOR CONDITION CAUSING DF OPERATION A 15	CONTRIBUTED TO THE CONTRIBUTED T	(B)	(e. g., in or 21c. Wh	PART I O	P DEATH, E	NTER IN	20. AUTOPSY? YES NO L ve exact location)
CERTIFICA	OTHER SI TO THE DISEASE 19A. DATE OR CONTRI DEATH (NO 2 1D TIME OF INJURY	S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA:  II GNIFICANT CONDITIONS DEATH BUT NOT F DEATH BUT NOT F OF CONDITION ON IN W ENT WAS UNDERLYI BUTING CAUSE OF TIFY MEDICAL EXAMINE (Month) (Day) (Year)	ES FANY, GIVIN STATING THE STATING THE ST.  CONTRIBLE RELATED TO THE STATE STA	(B)	(e. g., in or 21c. Whitebldg., etc.)  RED 21f. HO	CAUSE OF PART I O HERE DID ( OCCUR?	F DEATH, ER PART II	NTER IN re City, gi	YES NO VE exact location)
CERTIFICA	OTHER SI TO THE DISEASE 19A. DATE OR CONTRI DEATH (NO 21D TIME OF INJURY 22. I here.	S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA:  II GNIFICANT CONDITIONS DEATH BUT NOT FOR CONDITION CAUSING OF OPERATION  ENT WAS UNDERLYI BUTING CAUSE OF TIFY MEDICAL EXAMINE (Month) (Day) (Year)	CONTRIBLE RELATED TO IT.  9B. CONDI PERFORMAN (Hour) m.  ended the	JTING  TION FOR WHICH (C)  PRMED  PLACE OF INJURY bome, farm, factory, street, offi  21E. INJURY OCCUR WHILE AT NOT WI WORK  deceased from	(e. g., in or 21c. Whitebldg, etc.)  RED 21f. HO HILE 21f. HO	CAUSE OF PART I OF PART I OF OCCUR?	F DEATH, ER PART II  If in Baltimo  URY OCCUR  2-26-53	re City, gi	ve exact location)  that I last saw t
CERTIFICA	OTHER SI TO THE DISEASE 19A. DATE OR CONTRI DEATH (NO 21D TIME OF INJURY 22. I here.	S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA:  II GNIFICANT CONDITIONS DEATH BUT NOT F OR CONDITION CAUSING DF OPERATION  ENT WAS UNDERLY! BUTING CAUSE OF TIFY MEDICAL EXAMINE (Month) (Day) (Year)  by certify that I att	CONTRIBLE RELATED TO IT.  9B. CONDI PERFORMAN (Hour) m.  ended the	JTING  TION FOR WHICH (C)  PRMED  PLACE OF INJURY bome, farm, factory, street, offi  21E. INJURY OCCUR WHILE AT NOT WI WORK  deceased from  and that death occ	(e. g., in or 21c. Whitebldg, etc.)  RED 21f. HO HILE 21f. HO	CAUSE OF PART I	F DEATH, ER PART II  If in Baltimo  URY OCCUR  2-26-53  Le causes an	re City, gi ? _, 19, ad on the	ve exact location)  that I last saw t

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The	BI	53 11:	500	TE	CERTIFICA			Registere	i No.115	00		
	1.	NAME OF D	ECEASED TEKLA	Kor	OLEC		2. DATE OF DEATH 12/26/53					
upplie	Α.	PLACE OF D Baltimore (	City, Maryland	/	ion, give street address	A. STATE	Md	here deceased lived. B. COUNTY		: residence ore admission)		
ully s	H	OSPITAL OR ISTITUTION	c. CITY OR TO									
d be carefu	4 c.	Length of s	tay in Baltimore		Yrs Mos Day	1000	DRESS (If I	rural, give location)				
	11==	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Speci	8. DATE OF BI	No. 1175.74	9. AGE (In years last birthday)	li Under I Year Months Days	Hours Min.		
IDING information shou of death clearly	1C worl	OA. USUAL OC k done during most	CUPATION (Give kind of for working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTR	11. BIRTHPLAC		reign country)	12. CITIZ WHA	EN OF T COUNTRY?		
G matio leath c	13	Ste	phan Koporic				14. MOTHER'S MAIDEN NAME dont Know					
R BINDING em of inform causes of dea	15 (Ye	5. WAS DECEASI	ED EVER IN U. S. ARMET (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO	NO. 17. INFORMANT ADDRESS Frank Koporic 6727 Woodley Road						
MARGIN RESERVED FOR IUNFADING INK. Every item Physicians: please write the cau	RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO WORK WITH THE DUE TO WORK										
H	IL CEF	DISEASE O		IT.	TION FOR WHICH	OPERATION	CAUSE O	TION WAS RELATED		UTOPSY?		
LY, WITH important.	EDICA	PART I OR PART II  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  PART I OR PART II  YES NO 21C. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) 1NJURY OCCUR?										
LAINLY,	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OF INJURY OCCUR?  WHILE AT WORK AT WORK										
PLEASE WRITE PL			y certify that I att live on 12/26 JURE		deceased from Land that death occ	1 4 4 5 7 /	,	2/26, 19 he causes and on	n the date s	last saw the tated above. ATE SIGNED		
ASE V	2. TI	4A. BURIAL. (S ON, REMOVAL (S Durial	CREMA-24B. DATE Dec 29	/53	24c. NAME OF CEME St Stanisla			cation (City, to	wn, or county)	(State)		
PLE	T	ATE RECEIVE OCAL REGIST F. 2914 VS 150	D BY REGISTRAR	S SIGNATU		25. FUNERAL	DIRECTOR	ome 2112 D	ADDRES undalk A			

